tol director, be filed with 情 haspital ar attending physician. After this certificate has been signed by the ottending physician and completely filled in by the there for use as the by other promit. Then please remove carbon papers. Pages 1 and 2 shaurial, crematian, or it mayor, and in any event within 72 hours ofter death. TO HOSPITAL OR ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 24 hours after

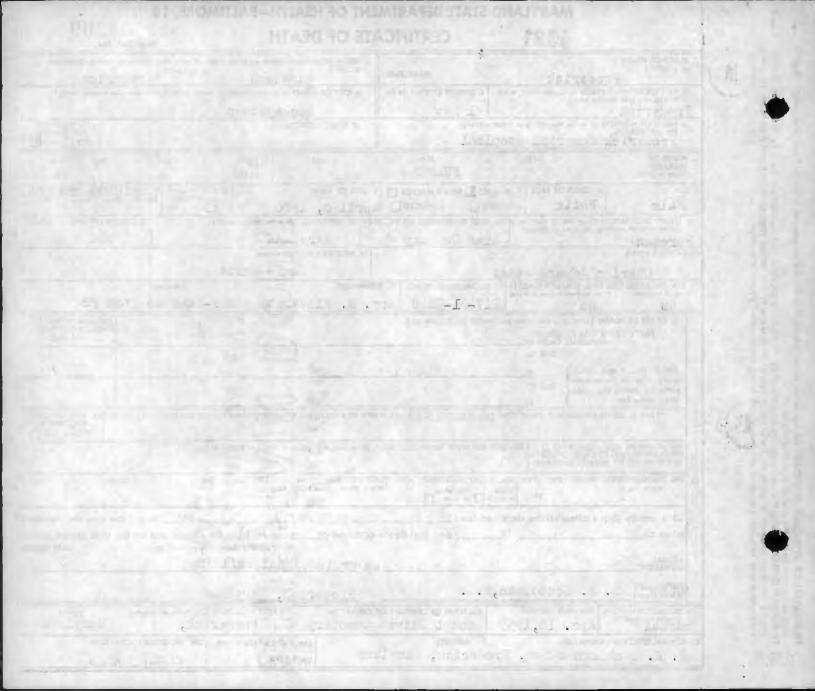
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MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

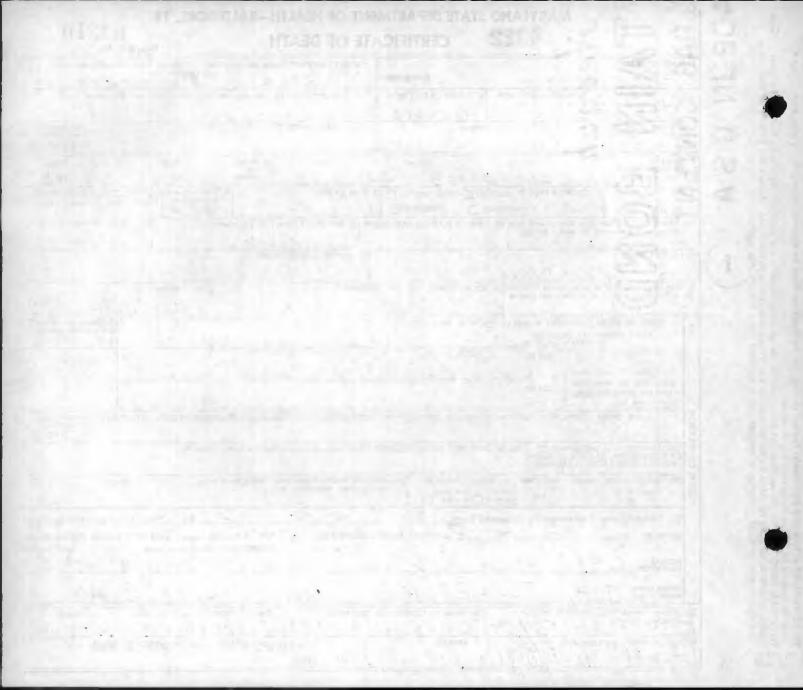
1,225 CERTIFICATE OF DEATH 04309

TOOL T	G =3(1)1101		Reg.	Dist. No.
1. PLACE OF DEATH p. COUNTY		2. USUAL RESIDENCE (Whe	re deceased lived. If institution: Resi	dence before admission)
Frederick	MARYLAND	Maryla		ederick
b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)	c. LENGTH OF STAY IN 16	c. CITY OR TOWN (If or	itside carparate limits, write RURAL a	nd give nearest town)
Frederick	1 Day	Buckey	ystewn	
d. NAME OF HOSPITAL [If not in hospital, give street of OR INSTITUTION	ddress)	d. STREET ADDRESS		a. IS RESIDENCE ON A FARMS
Frederick Memorial Hospi	tal	1		YES NO
3. NAME OF DECEASED (Type or print)	FULMER	Adams	4. DATE Month OF DEATH April	Day Year / 2 1959
5. SEX 6. COLOR OR RACE 7. MARRIE	ED NEVER MARRIED	8. DATE OF BIRTH		DER I YEAR IF UNDER 24 HRS.
Male White WIDOWE	DIVORCED [April 6, 1906	53 yrs. Month	ns Days Haurs Min.
10a. USUAL OCCUPATION (Give kind of work dane 10b. K during most of working life, even if retired)	IND OF BUSINESS OR INDU	STRY 11. BIRTHPLACE (Stote of	or foreign country) 12.	CITIZEN OF WHAT COUNTRY
	me Company	Maryland	1	USA
13. FATHER'S NAME		14. MOTHER'S MAIDEN N	AME	
Charles Edward Adams		Mamie	e White	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. S		NFORMANT	Address	
	7-01-5848 Mr	s. M. Elizabet	th Adams-Same as	Item #2
18. CAUSE OF DEATH [Enter only one cause per line	for (a), (b), and (c).]			INTERVAL BETWEEN
PART 1. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (c)	nes monia			2410 =
DUE TO				
Conditions, if any, which) (b) 13	ronchogeni	Carrinom.	ā	7 Months
gave rise to immediate DUE TO				
lying couse last. (c)				
PART II. OTHER SIGNIFICANT CONDITIONS CO	ONTRIBUTING TO DEATH BUT	NOT RELATED TO THE TERMI	NAL DISEASE CONDITION GIVEN IN	PART I(a) 19. WAS AUTOPSY PERFORMED? YES A NO
	RIBE HOW INJURY OCCURRE	D. (Enter nature of injury in P	ort 1 or Part II of item 18.)	
Hour o. m. 19 While	Not while fo	ACE OF INJURY IHome, form, ctory, street, office bldg., etc.		(County) (Slote)
		14 . 19 5 to /	Diales more	1 fact on a the decree
21. I certify that I attended the decease			U W V	I last saw the decease
alive an AFA 12	, and that death		M, from the causes and or ADDRESS (Street, city or town, state)	n the date stated above Date signe
ACTUAL 1 D Sch	o Cuan	M.D. Profession	//	1 /2 1000
SIGNATURE	V statement	W.D. ITOTESSTON	L Darrows //	-1-12-1-1-1
PHYSICIAN'S L. R. Schoolman, I	4.D.	Frederick,	Maryland	
220. BURIAL, CREMATION, 22b. DATE THEREOF	22c. NAME OF CEMETERY O		22d. LOCATION (City, town, or coun	
Burial (Specify) Apr. 16,1959	Mount Olivet	Cemetery	Frederick,	Maryland
23. FUNERAL DIRECTOR'S SIGNATURE	ADDRESS		BY REGISTRAR 246. REGISTRAR'S	SIGNATURE
M. R. Etchison & Son, Fre	derick, Maryl	DATE AP	R 1 5 '59 Cuthun	& Thous

may be relained by haspital or attending to FUNERAL DIRECT. After this certificat page 3 should be detached for use as the the registrar priar to burial, cremation, or VS A15 (4) 15M 9/SS



4	1.0		MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18
V	E		4322 CERTIFICATE OF DEATH ()431) Reg. Dist. No.
900	d with)	1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) 3. STATE
pai ;	E G	1	FREDERICK MARYLAND TUARYLAIVD FREDERICK
eath	å		b. CITY OR TOWN (If outside corporate limits, write c. LENGTH OF STAY IN 1b c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)
e e	onio		d. NAME OF HOSPITAL (If not in hospital, give street address) d. NAME OF HOSPITAL (If not in hospital, give street address) d. STREET ADDRESS e. IS RESIDENCE
s aft	20 Of	9	OR INSTITUTION
havr	- P		NAME OF
24	- E		OF DECEASED (Type or print) WILLIAM AMOS ARNOLD DEATH APRIL 22 1950
ithi.	Poge:	6	5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 8. DATE OF BIRTH 9. AGE (In years 15 UNDER 1 YEAR 15 UNDER 24 HRS.
*	rs,	14	WIDOWED DIVORCED NOV 20-1893 last birthdoy) Months Days Hours Min.
cute	pope dih.		10o. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (Stote or foreign country) 12. CITIZEN OF WHAT COUNTRY during most of working life, even if retired)
	bon p	1	LABORER BY DAY MAKYLAND USA
ė Č.	carb		13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME 15. FATHER'S MAIDEN NAME
ficat	physician emove cart hours effe		15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT AND ARV ARMAIL A Address
certi.	rem 72 ho		(Yes, no, or unknown) (If yes, give wor or dates of service) (1) 2 22 10011 100 00 00 00 0000000000000
	ease hin 7	7	18. CAUSE OF DEATH [Enter only one couse per line for (o), (b), and (c).]
ů.	with	-	PART I, DEATH WAS CAUSED BY:
# .	Ther	,	1490 X DUE TO DUE TO
Pho .	it.	V	Conditions, if ony, which) (b) to tay (thermal) / Theel
nice	i pera		gove rise to immediate cause (o), stating the under-
red ion.	and		lying couse lost. (c)
faw hysic	-tro	0	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY PERFORMED?
The g	י המק ערים החמי		YES NO 2 200. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Port I or Port II of item 18.)
A King	a de re		YES NO 2 20c. ACCIDENT WAS UNDERLYING COURSED. (Enter noture of injury in Port I or Port II of item 18.) OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)
SICI	on,		
H TO	USe		20c. TIME OF INJURY Month, Day, Year North, Day, Year North Mile Nat while of work of
Sp. of	for creating of the creating o		21. I certify that I attended the deceased from 17.4 1 19 9 fold 1 2 19 5 that I last saw the deceased
200	riol		alive an
THE	de o		ADDRESS (Street, city firlown, state) (DATE SIGNET
A TO	ior	10	SIGNATURE TO THE SIGNATURE OF THE MED. H. M.D. H. MODE OF THE CONTROL OF THE SIGNATURE OF T
Noin I	9 g G	1	PHYSICIAN'S TH MESSIER MD
PIT	3 she		NAME LYON J. M. IVIC 33 LEA M.D. UNION BRYDGE MA
HO ov b	poge 3 s the regist		220 BURIAL, CREMATION; 22b. DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, town, or county) (Stole)
	5 9 =	44	23. FUNERAL DIRECTOR'S SIGNATURE ADDRESS) 24g. REGISTRAR'S SAGNATURE
	15 (4) 10/57	80	Jowell + Hartsle Woodsborn, Md. DATE



-' - ' 1 c'-10 an an interest College States States and States Surful 17.7.1999 entires. Cor. Janes and tentral Januarian

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VS A15 (4) 15M 9/55

MARYLAND STATE DEPARTMENT	OF HEALTH—BALTIMORE, 18
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4324 CERTIFICATE OF DEATH

4.014	keg. Dist, 140.							
1. PLACE OF DEATH a. COUNTY MARYLAND	2. USUAL RESIDENCE (Where deceased lived If institution, Residence before admission) o. STATE b. COUNTY							
b. CITY OR TOWN (If autside corporate limits, write RURAL and give nearest town) DOA	c. CITY OR TOWN(Iff outside corporate limits, write RURAL and give nearest town)							
d. NAME OF HOSPITAL (If not in hospital, give street address) OR INSTITUTION 7-7-14-7-12-14-7-14-7-14-7-14-7-14-7-14-	d. STREET ADDRESS e. IS RESIDENCE ON A FARM? YES NO							
3 NAME OF DECEASED (Type or print) THOMAS Middle	CLARX DATE Month Day Year OF DEATH							
5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED DIVORCED DIVORCED	8 DATE OF SIRTH 9. AGE (In yours if UNDER 1 YEAR IF UNDER 24 HRS fort birthday) 10 Aug 1885 73 yrs.							
10c USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRIES OF IN								
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME							
John Clark	Annie Dennis							
15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. M	NFORMANT Address							
No No 219-36-4349 Mr	s. Emma H. Clark (Same as item #2)							
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a)	INTERVAL BETWEEN ONSET AND DEATH							
260 X DUE TO								
Conditions, if any, which (b) Withing Cardiovarcular disease 3 years								
cores (a), stating the under. DUE TO [ying course last. (c) Draheter malliture. 5 [years.]								
	NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY PERFORMED? YES NOTE							
	. (Enter nature of injury in Port I or Part II of item 18.)							
20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED Hour a. m. p. m. 19 While Not while at work of work	CE OF INJURY (Home, farm. 20f. (City or town) (County) (State) tory, street, office bldg., etc.)							
21. I certify that I attended the deceased from Details	1957, to 1) april 1959, that I last saw the deceased							
	occurred at A_M, from the causes and on the date stated above.							
ACTUAL CHARLES HE	ADDRESS (Street, city or town, state)							
	no. Walhersulle, Md 4/12/59.							
PHYSICIAN'S NAME (Type) James E. Stoner, Jr.								
220. BURIAŁ, CREMATION, 22b. DATE THEREOF 22c. NAME OF CEMETERY OF REMOVAL (Specify)	(side)							
Burial 1/15/50 Mount Olivet								
23. FUNERAL DIRECTOR'S SIGNATURE ADDRESS M. R. Etchison & Son, Frederick, Maryla	240. REC'D BY REGISTRAR 24b. REGISTRAR'S SIGNATURE							
	DATE APR 15 59 Carthur & House							



4325 **CERTIFICATE OF DEATH** filed with 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived. If institution, Residence before admission) a. COUNTY b. COUNTY MARYLAND Frederick Marvland death. b. CfTY OR TOWN (If autside carporate limits, write RURAL and give nearest town) c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If autside carporate limits, write RURAL and give nearest town) Rural - Mt. Airy Frederick d. NAME OF HOSPITAL (If not in hospitot, give street oddress)
OR INSTITUTION
Frederick Mem. Hospital A. STREET ADDRESS RFD # 1. Mt. Airy NAME OF Middle 4. DATE DEATH 6. COLOR OR RACE 7. MARRIED NEVER MARRIED X 9. AGE (In years B. DATE OF BIRTH last birthday) 1880 DIVORCED T Nov. WIDOWED [7] Female White 10a. USUAL OCCUPATION (Give kind of work dane 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or foreign country) during most of working life, even if retired) death. Practia? Kansas 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME John Nelson Clay Isabelle Purdum 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16, SOCIAL SECURITY NO. INFORMANT Mr. Jesse Clav. Mt. Airv. Md. 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] ቘ PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) ert chia **DUE TO** Citrhosis Conditions, if any, which) gave rise to immediate DUF TO cause (a), stating the under-Vitanin deficience lying cause lost. burial-transit PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY remayal, 0 ueshrif 200. ACCIDENT WAS UNDERLYING CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part 1 or Part II of item 18.) 20c. TIME OF INJURY Day, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, form, factory, street, office bldg., etc.] Haur a.m. Not while at wark at wark p. m. 21. I certify that I attended the deceased fram... ., and that death occurred at 650 A.M. from the causes and an the date stated above. ACTUAL SIGNATURE Frederick. Md. TO FUNERAL DIF PHYSICIAN'S Ralph L. Michels NAME (Type) 220. BURIAL, CREMATION, 22b. DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, tawn, ar county) REMOVAL (Specify)
Burial Providence Kemptown. ADDRESS 23. FUNERAL DIRECTOR'S SIGNATURE. 24a, REC'D BY REGISTRAR DATAPR 3 Damascus, Md

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 Reg. Dist. No. Frederick ON A FARMA YES NO F Year April 1059 IF UNDER 1 YEAR! IF UNDER 24 HRS Months 12. CITIZEN OF WHAT COUNTRY? USA Address INTERVAL BETWEEN ONSET AND DEATH 3 dalle

PERFORMED? NO [

(State)

(County)

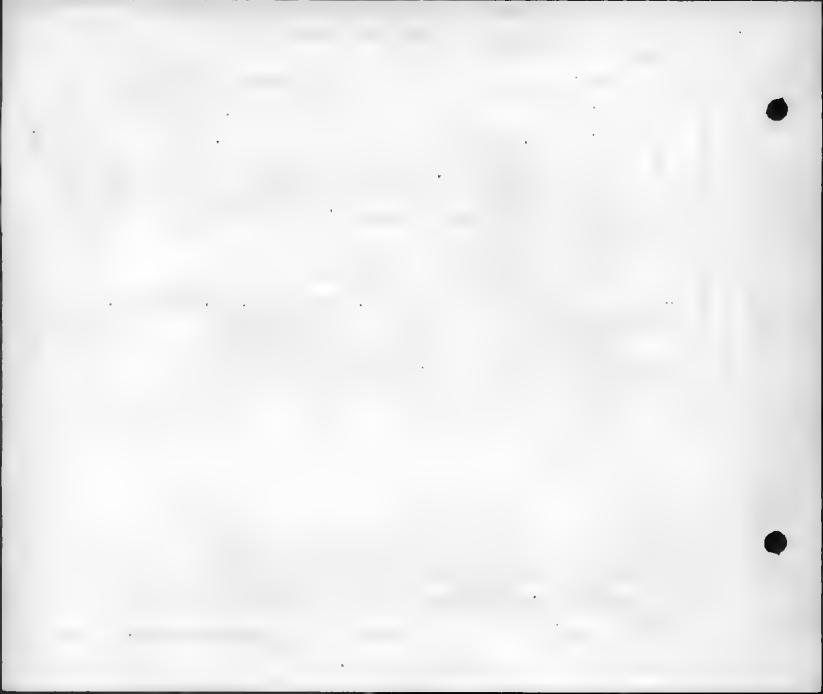
19.57 that I last saw the deceased

ADDRESS (Street, city or town, state) DATE SIGNED

(Stote)

24b. REGISTRAR'S SIGNATURE arthur & Hours

1SM III/5S



TO DEPUTY MEDICAL EXAMINER: This certificate should be executed within 24 haurs after death. If any delay is necessary, please execute the certificate withing the word "pending" in pendi in Item 18. Give Pages 1, 2, and 3 to the funeral director force 4 should be forwarded to the first the formal form PM3. Page 5 may be retained for your files.

TO FUNERAL DIRECTAL: Page 3 should be used as a burightransit permit. File pages 1 and 2 with the registrar prior to remation,

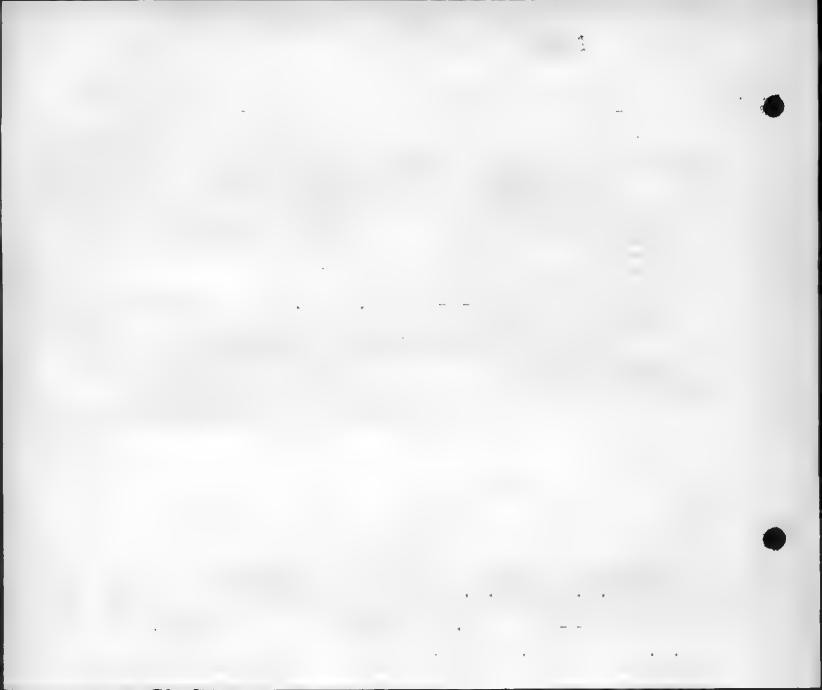
MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18 MEDICAL EXAMINER'S CERTIFICATE OF DEATH

()4316 Reg. Dist. No.

1. PLACE OF DEATH a. COUNTY	2. USUAL RESIDENCE (Where deceased lived. If Institution: Residence before admission)							
Frederick Marylani	o. STATE Maryland b. COUNTY Frederick							
b. CITY OR TOWN (If outside corporate limits, write RURAL and give negretal form)	c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)							
Adamstown-Rural RD#1 59 Years	Adamstown-Rural RD#1							
d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address)	d STREET ADDRESS e. IS RESIDENCE							
Near Point of Rocks	Near Point of Rocks							
3. NAME OF First Middle	Last 4. DATE Month Day Year							
	COMPHER DEATH April 5. 1959							
5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED	8. DATE OF BIRTH 9. AGE (In years IF UNDER 1YEAR) IF UNDER 24 HRS.							
Male White WIDOWED DIVORCED	3 Sept 1894 Guyrinday) Months Days Hours Min.							
10a USUAL OCCUPATION (Give kind of work dane 10b, KIND OF BUSINESS OR INDU during most af working life, even if retired)	11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY?							
Trank Foreman Railroad	Virginia USA							
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME							
John Compher	Lora Sanbower							
15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17.	INFORMANT Address							
(Yes. no, or unknown) If yes. give wor or dates of service) 705-07-7654 M	rs. Meda G. Compher (Same as item #1)							
18. CAUSE OF DEATH [Enter only one couse per line for (a), (b), and (c).]								
BART I REATH WAS CALIFED BY.	INTERVAL BETWEEN ONSET AND DEATH							
IMMEDIATE CAUSE (a) CONSTITUTION MAINUTE								
420.1 DUE TO								
Canditions, if any, which gave rise to immediate cause								
(a), stating the underlying DUE TO								
(-)	couse lost. (c)							
PART II, OTHER SIGN FICANT CONDITIONS CONTRIBUTING TO DEATH BUT 20g. EXTERNAL CAUSE WAS PRIMARY or CONTRIBUTING CAUSE OF DEATH.	NOT RELATED TO THE TERMINAL D SEASE CONDITION G VEN IN PART I(a) 19 WAS AUTOPSY PERFORMED? YES NOTE:							
= 20g. EXTERNAL CAUSE WAS 20b. DESCRIBE HOW INJURY OCCURRED	(Enter nature of injury in Part E or Part II of item 18.)							
	and the state of t							
	ACE OF INJURY (Hame, farm, 20f. (City or lawn) (County) (State)							
Hour o. m. While Not while to at work at work	tory, street, affice bldg., etc.)							
21. I certify that I took charge of the remains described ab	ove, held an Autopsy , Inspection XX. Inquiry XX and find that							
death resulted from: Natural causes 🔼 Accident 🗌, St								
ACTUAL PROPERTY	DATE SIGNED							
SIGNATURE SIGNATURE	M.D CHIEF MEDICAL EXAMINER []							
EXAMINER'S D. O. Diamon M. D.	ASSISTANT MEDICAL EXAMINER							
NAME (Type) B. O. Thomas, M. D.	DEPUTY MEDICAL EXAMINER KK 7 April 1959							
220 BURIAL, CREMATION, 22b. DATE THEREOF 22c. NAME OF CEMETERY O	(5.50)							
Burial 4-0-59 St. Paul's C	emetery Point of Rocks, Maryland							
23. FUNERAL DIRECTOR'S SIGNATURE ADDRESS	24g. REC'D BY REGISTRAR 24b. REGISTRAR'S SIGNATURE							
M. R. Etchison & Son, Frederick, Maryl	LANDER OF THE PROPERTY OF THE							
	Town 1 0 '59 Colley 2. Mars							

VS. A15ME(5) 5M 9/55

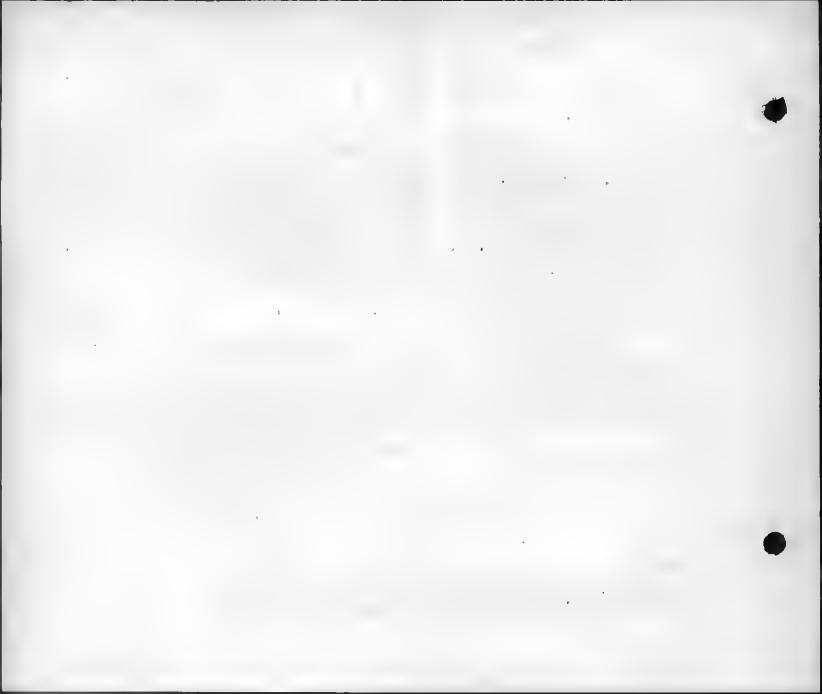
cute the certificate farwarded to the TO FUNERAL DIRECT or removal.

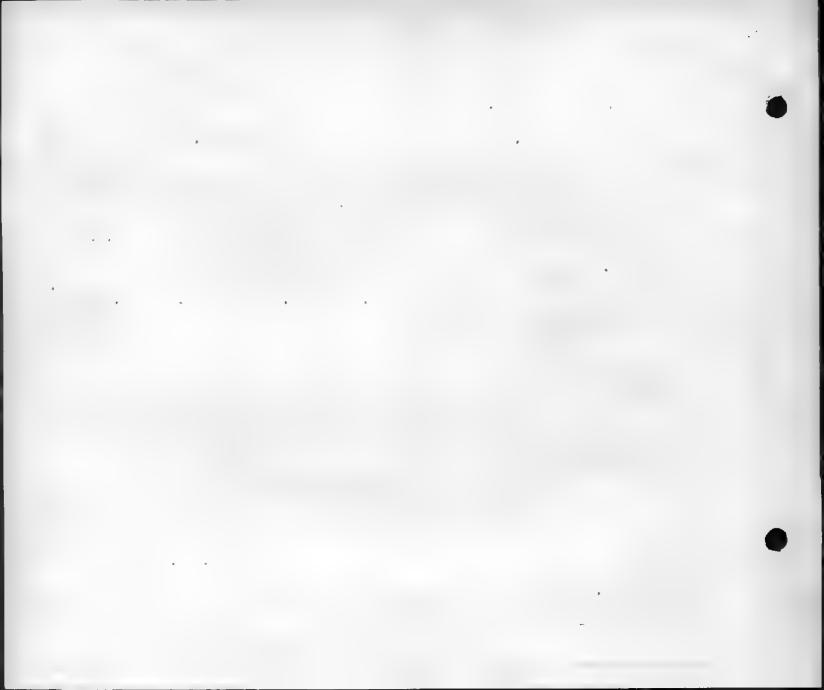


MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 CERTIFICATE OF DEATH 4349 director Poge PLACE OF DEATH 2 USUAL RESIDENCE (Where deceased lived. If institution, Residence before admission) a. COUNTY lled. b. GOUNTY MARYLAND Frederick ince George's b. CITY OR TOWN (If autside carporate limits, write c. CITY OR TOWN (If autside corporale limits, write RURAL and give nearest tawn) c. LENGTH OF STAY IN 16 RURAL and give nearest town) Cullen. Davs Ardmore, Landover P. O. d. NAME OF HOSP TAL (If na) in hospital, give street address) OR INSTITUTION d. STREET ADDRESS e. IS RESIDENCE ON A FARM? 064 Cullen State Hospital Route 2 YES NO X NAME OF Middle 4. DATE Last Month DECEASED Day Yenr OF DEATH (Type or print) COOMES April 19 Raymond 19 59 5. SEX 6. COLOR OR RACE 7 MARRIED NEVER MARRIED 9. AGE (In years lost birthday) B DATE OF BIRTH IF UNDER 1 YEAR IF UNDER 24 HRS Manths Doys Hours Male WIDOWED | DIVORCED [7] 10a. USUAL OCCUPATION (Give kind of work done 10b, KIND OF BUSINESS OR INDUSTRY 11, BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY during most of working life, even if retired) Washington. Engineering Navv 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Charles S. Coomes Clifford 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address No. Mrs. Anna L. Landover. None Coomes, 18. CAUSE OF DEATH [Enter only one couse per line for (a), (b), and (c)] INTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY Far Advanced Pulmonary Tuberculosis IMMEDIATE CAUSE (a) DUE TO Canditions, if ony, which gave rise to immediate DUE TO couse (a), slating the underlying cause last. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19, WAS AUTOPSY CERTIFICATION PERFORMED? YES NO DE 200 ACCIDENT WAS UNDERLYING TO OR CONTRIBUTING TO CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I at Part II af item 18.) 20c. TIME OF INJURY Manth, Day, Year 20d. INJURY OCCURRED 20e PLACE OF INJURY (Home, farm, 20f. (City or town) (County) (Stote) Hour o. m. factory, street, affice bldg., etc.) While Nat while at work of wark p. m. 1959, 19____that I last saw the deceased 21. I certify that I attended the deceased fram. and that death accurred at 3:00 Am, from the causes and an the date stated above. alive on 4 ADDRESS (Street, city or town, state) DATE SIGNED ACTUAL SIGNATURE Cullen, shauld FUNERAL I PHYSICIAN'S NAME (Type) estal 220 BURIAL CREMATION. 22b. DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY 22d LOCATION (City, tawn, or county) (Stote) REMOVAL (Specify) 4-22-59 Prospect Hill Washington, D. C. urial o 23 FUNERAL DIRECTOR'S SIGNATURE **ADDRESS** 24a, REC'D BY REGISTRAR 24b. REGISTRAR'S SIGNATURE VS A15 (4) arthur & House DATE 15M 10/57

deoth

offer







Middletown, Maryland

24b. REGISTRAR'S SIGNATURE

arihun & House

24a. REC'D BY REGISTRAR

DATE APR 2 2 '59

	4 1/15	DIC/	AL EXAMINI	ER'S	CERTIFICAT	TE OF	DEATH	Reg. Dist.	J. () . No.		
1 PLACE OF DEATH					2. USUAL RESIDENCE (V	Where decea	sed lived. If Institut	tion: Residence	e before odn	nission	
o. COUNTY Fred	derick		MARY	LAND	o. STATE Maryl			Frede			
B. CITY OR TOWN (f outside corporate limits, wat	RURAL	c. LENGTH OF STAY I	N 1b	c. CITY OR TOWN (IF					own)	
Frederick			25Years		// Frederic	k					
d. NAME OF HOSPI	IAL OR INSTITUTION (If not in h	ospital, give street address)	/ d. STREET ADDRESS				e. IS	RESIDENCE	
	Sixth Stree	et			243 East	Sixt	h Street		YES [NO PARME	
3. NAME OF DECEASED	Fir		Middle		Last	4. DATE OF	Month			Year	
(Type or print)	RICHAI		WOODROW		RANGE	DEATH	Apr	<u>il 1</u>	8,	195/9	
S. SEX		7. MARE	RIED IN NEVER MARRIED	B.	DATE OF BIRTH		9. AGE (In years liqui by thelay)	Months Da		DER 24 HRS.	
Male	White	WIDOW		<u>-, ; </u>	29 Jan 1914		45 уп.	Months Da	iys Hours	Milu.	
10a, USUAL OCCUPATI	ON (Give kind of working life, even if retired)	done 10b.	KIND OF BUSINESS OR I	NDUST	Y 11. BIRTHPLACE (Stote	or foreign	country)	12. CIT.ZEI	N OF WHAT	COUNTRY	
Taxi Driv	ver i		Own Cab		Maryland	ì		US	A		
13. FATHER'S NAME					14. MOTHER'S MAIDEN N						
Charles I	. DeGrange				Mary Cath	nerine	Cline				
15. WAS DECEASED EN	ER IN U. S. ARMED FO	service?	SOCIAL SECURITY NO.	17. IN	NFORMANT Address						
(Yes. no. or unknown) Yes	WWII	2	20-10-5000	Mr	rs. Florence DeGrange (Same as item #1)						
18. CAUSE OF DEA	18. CAUSE OF DEATH [Enter only one couse per line for (a), (b), and (c).]								INTERVAL BETW	YEEN	
PART I. DEA	PART I. DEATH WAS CAUSED BY Coronary Occlusion								Minut		
420.1	420.1 DUE TO										
	Conditions, if any, which) (b)										
	gove rise to immediate cause										
couse lost.	(o), storing the underlying										
Z PART II, OT	PART II, OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19, WAS AUTOPSY										
PART II, OT			VIII.						YES T	ORMED?	
20a. EXTERNAL CA	USE WAS 20	b. DESCR	BE HOW INJURY OCCUR	RED. (Er	iler noture of injury in Parl	t I or Port II	of item 18)				
PRIMARY OF CO	NIKIBUTING LI										
	RY Month, Day, Yes	r 20d	INJURY OCCURRED 20	e. PLAC	E OF INJURY (Home, form	1, 20f. (Cin	y or fown)	(Count)	y)	(Stote)	
Y 20c. TIME OF INJU	19	Whi		fecto	ry, street, affice bldg., etc.)		,,		, ,	
				ahay	e, held an Autops		nspection X,	Inquies	YY	C = 2 (1) = 1	
					•	* Named !			₽ .A. ana	find that	
Geom resoned	death resulted from: Natural causes 💹, Accident 🔲, Suicide 🔲, Hamicide 🗍, Undetermined cause 🗍.										
ACTUAL /	ACTUAL P (7)					(a) (i) tra pa			DATE	SIGNED	
SIGNATURE_	11618200	7-2-2	RO_		M.D. CHIEF MEDICAL EX	-					
EXAMINER'S	D O mb.	272 D.C	M D		ASSISTANT MEDICAL EXAMINER				A	1000	
NAME (Type)	B. O. The				DEPUTY MEDICAL EXAMINER 🚨 20 A)						
Parial Specify	226. DATE THEREO	F	22c. NAME OF CEMETER				TION (City, town, o	* * *	(Sto	te)	
burlal	4-4エーラン		Lutheran (cme	tery	Midd	letown. M	arvian	d		

23. FUNERAL DIRECTOR'S SIGNATURE M. R. Etchison & Son, Frederick, Maryland

cute the certificate farwarded to the TO FUNERAL DIRE VS. A15ME(5) 5M 9/55

ar remayal

TO DEFILITY MEDICAL BEAMINER. This certificate should be exerted within #4 linus with death.





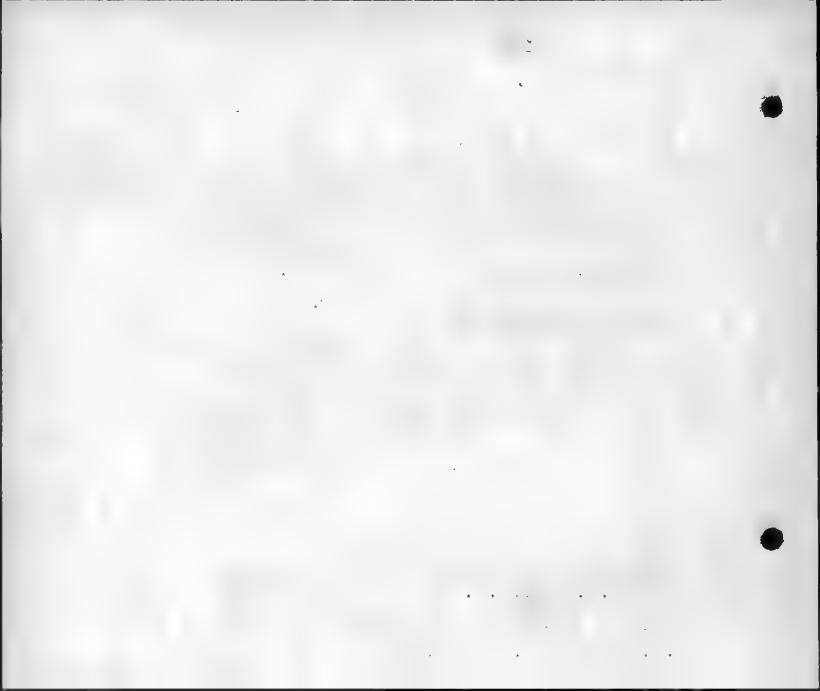
VS. A15ME(5) SM 9/5S

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 MEDICAL EXAMINER'S CERTIFICATE OF DEATH

04322

Reg. Dist. No.

I. PLACE OF DEATH	20110				ere deceased liv			e before od	mission)	
Frederick		MARYLAN		Maryla	and	b. COUNT	Free	derick		
b. CITY OR TOWN (If outside corporate and give nearest town)	limits, write RURAL	c. LENGTH OF STAY IN 1	b c. CITY O	•	unide corporate		44.5	ive nearest	fown)	
Frederick		6 Hours			rick-Rur	al RD	#4			
d. NAME OF HOSPITAL OR INSTITU		_	d. STREET		-417			0	RESIDENCE N A FARM?	
Frederick Memor				Feagav				YES	□ NO KX	
DECEASED	First	Middle	la TIT OVI		OF OF	Mont		Day	Yeor	
(Type or print) 5. SEX 6. COLOR O	LORRAINE	LENORA	FLOH		DEATH	Ap:	ril 28		1959	
Female White	I	IED MEVER MARRIED TO			los	birthday)		zys Hours		
والمتناس والمستخصصات المتناسات				1919		tO har	la CITITE	N OF WINA	T COUNTRY?	
10a. USUAL OCCUPATION (Give kind during most of working life, even if	retired)				i ioraigh coonni	'1			II COOMIKIT	
House-wife 13. FATHER'S NAME	1	Own Home		ryland MAIDEN NA	ME	-	US	DA		
Algie Gregg				ie J. S						
15. WAS DECEASED EVER IN U. S. AR	MED FORCES? 16	SOCIAL SECURITY NO. 17	, INFORMANT	TE OF F	2007.0	Address				
(If yes, give wore	r dates of service}	None	Lester E	. Floh	r (Same		tem #2)			
18. CAUSE OF DEATH [Enter only	one couse per line				(1041)			INTERVAL BET	WEEN	
PART I. DEATH WAS CAUSE IMMEDIATE CA	D SY.	Jun Sha	-	nd	in	En		ONSET AND DEATH		
2777	OUE TO							211	-110	
Conditions, if any, which)	(b) T	ban -						5/20	roser	
gave rise to immediate couse ((a), stating the underlying (DUE TO									
couse lost.	(b) storing the anderlying									
Z PART II. OTHER SIGNIFICAL	NT CONDITIONS C	ONTRIBUTING TO DEATH BU	T NOT RELATED TO	THE TERMIN	ALDISEASE CON	NDITION GIV	EN IN PART I	(a) 19 WA	S AUTOPSY ORMED?	
CAI								YES 🗌	NO X	
PART II. OTHER SIGNIFICAL 200. EXTERNAL CAUSE WAS EXTERNAL CAUSE WAS EXTERNAL CAUSE WAS CAUSE OF DEATH.	20b DESCRIE	BE HOW INJURY OCCURRED		\$ 7 11	or Port II of ite	m 18.)				
	- de la company	INDURY OCCURRED 200. F	Z Cal.		206 (City or to		(Count	iu)	(Slote)	
20c. TIME OF INJURY Month,	Whil		octory, street, offic	bldg . etc.)	Fera	intle	775-	n Etmok	~ WA	
21. I certify that I took o	horge of the	remains described a	bove, held or	Autopsy	Inspe	ction (X)	Inquiry	XX and	l find that	
death resulted from: No	turo1 couses [, Accident , S	Suicide 🔼 🕕	Homicide [, Undet	ermined o	ause .	WARTER TO A STATE OF THE STATE		
ACTUAL SIGNATURE BL	otre	mas	M.D. CHIEF					DATE	SIGNED	
EXAMINER'S B. O. T	nomas, M.	D.		MEDICAL EX	AMINER AMINER		29 A	oril l	959	
220. BURIAL, CREMATION, 22b. DATE REMOVAL (Specify)	THEREOF	Mount Olive			ra location Freder		or county) Marylar		ole)	
23. FUNERAL DIRECTOR'S SIGNATURE	-	ADDRESS			BY REGISTRAR		STRAR'S SIGN	_		
M. R. Etchison	s Son, Fr	ederick, Mary	Land	DATEAY	4 '59	CI	un & the	aced.		



ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 24 hours ofter death. Page 4 nospital ar attending physicion for use as TO FUNERAL DIRECT page 3 should be do the registror prior to

1 1	MARYLAND STATE DEPARTA	MENT OF HEALTH—BALTIMORE, 18
25	4329 CERTIFIC	CATE OF DEATH ()4323 Reg. Dist, No.
directo	1. PLACE OF DEATH COUNTY Frederick MARYLAND	I Laryiana Carroll
los de la constante de la cons	b. CITY OR TOWN (If outside carporote limits, write RURAL and give nearest town) FYECLE FICK A 4	RuralMt. Airy 64 x 2
n by the	d. NAME OF HOSPITAL (If not in hospitol, give street address) OR INSTITUTION FRECE CE CK MEMO) - i CL	d. STREET ADDRESS at Tavlorsville o. IS RESIDENCE ON A FARM? YES \(\sum \) NO \(\sum \)
Pages I a	3. NAME OF DECEASED (Type or print) PO 11 5. SEX 16. COLOR OR RACE 7. MARRIED ON NEVER MARRIED OF	Lost OF BIRTH 19 AGE IN YEAR IF UNDER 1 YEAR IF UNDER 24 HES
= .	5. SEX 6. COLOR OR RACE 7. MARRIED T NEVER MARRIED WIDOWED DIVORCED	9. AGE (In years last birthday) 1-12-1925 9. AGE (In years lift UNDER 1 YEAR IF UNDER 24 HRS. Months Days Hours Min
nd comple on papers, death.	10o. USUAL OCCUPATION (Give kind of work dane during most of working life, even if retired) Attendant Gas station	DUSTRY 11. BIRTHPLACE (Stote or foreign country) Maryland U.S.
sician a re carbo rs after	13. FATHER'S NAME Hanson Franklin	14. MOTHER'S MAIDEN NAME Esther Hooper
ing phy e remov 72 hou	[Vel. no. or unknown) If yes, give wor or dates of service] 216-22-9635 \(\hat{L}\)	Mrs. Boatrice Franklin, same
e attend en plea nt withir	18. CAUSE OF DEATH [Enter only one couse per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a)	interval Between ONSET AND DEATH
signed by the	Canditions, if any, which gove rise to immediate Due TO	endetermiel,
and in	lying cause last. (c)	
has be movel.	CATIC	BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS ALTOPSY PERFORMED? YES NO
cole be bu	206. ACCIDENT WAS UNDERLYING [] 206. DESCRIBE HOW INJURY OCCURS OF DEATH 206. DESCRIBE HOW INJURY OCCURS OF DEATH 206. DESCRIBE HOW INJURY OCCURS OF CONTRIBUTING OF CON	RED. (Enter nature of injury in Part I or Part II of item 18)

MEDICAL 20c. TIME OF INJURY Day, 20e. PLACE OF INJURY (Home, form, 20f. (City or tawn) factory, street, office bldg., etc.) Yeor 20d. INJURY OCCURRED (County) (Stote) Hour a.m. While Not while of work | p. m. £2, that I last saw the deceased 21. I certify that I attended the deceased from and that death occurred a alive on A M, from the causes and on the date stated above. ACTUAL SIGNATURE PHYSICIAN'S NAME (Type) 220. BURIAL, CREMATION, REMOVAL (Specify) 22b. DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, town, or county) (Stote) 7-1959 **t**tenezer Co. ...aryl nd Winfield, Maryland 23. FUNERAL DIRECTOR'S SIGNATURE 24b. REGISTRAR'S SIGNATURE 24a. REC'D BY REGISTRAR Waltz, DATE APR 1 7 '59 arthur & Kroud

VS A15 (4) 15M 9/SS



VS A1S (4) 15M 10/S7

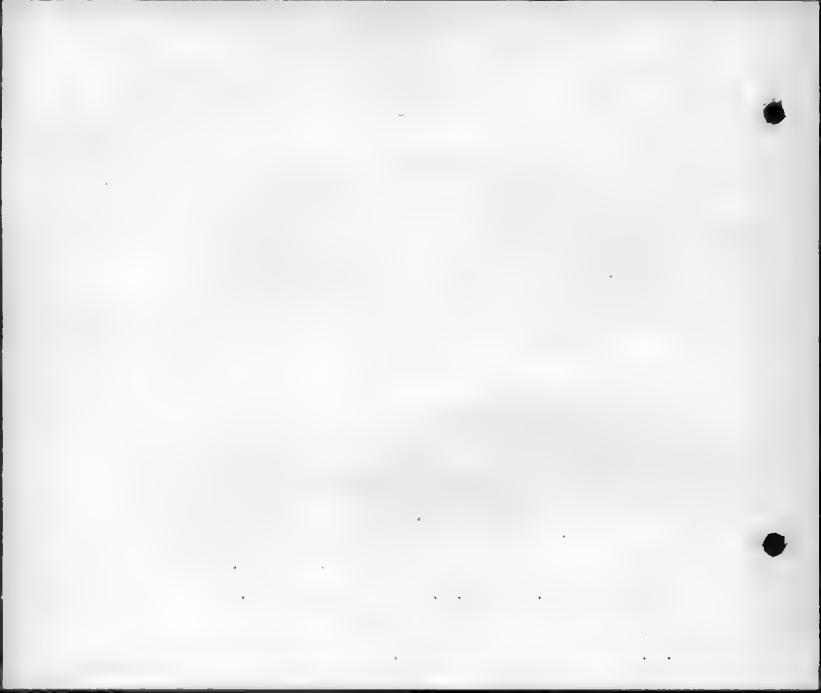
MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

Item 2, Film G241, 4/14/59 OF DEATH

	{	4	J	4	4

NAMORA

		4330	CERTIF	ICAI	E OF DEAT		Reg	, Díst. No.		
	PLACE OF DEATH			2.	USUAL RESIDENCE (W	here deceased live		sidence befo	re admission)	
1	Frederick	C	MARYL	AND	STATE Maryl	and	B. COUNTY BE	ltimo	re	
7	b. CITY OR TOWN (If outside co RURAL and give nearest fown)		c. LENGTH OF STAY II	N 1b	c. CITY OR TOWN (IF				rest town)	
1	Frederick		Since 7-30-	-50	Caton	esville E	Baltimore	10	C3X.2	
	d NAME OF HOSPITAL (If not in OR INSTITUTION	n hospitol, give street	oddress)		d. STREET ADDRESS				e IS RESIDENCE ON A FARM?	
	Maryland Odd Fe	llews Hom	•		16 Fu	sting/Av	enue Balt	imore	YES NO K	
	NAME OF DECEASED	First	Middle		Lost	4. DATE OF	Month	Da	y Year	
	(Type or print)	MARGARET	MARY		GROOM	DEATH	April	6,	19 59	
			RIED NEVER MARRIED		ATE OF BIRTH	9. A	GE (In years IF Ut		IF UNDER 24 HRS Hours Min.	
	Female Whi				4 Sept 1870		OO yes.	Days	FIGURS WITH.	
	0a USUAL OCCUPATION (Give ki during most of working life, ev	nd of work done 10b. en if retired)	KIND OF BUSINESS OR	INDUSTRY				. CITIZEN O	F WHAT COUNTRY	
	House-work		At Home			e, Maryl	and	USA		
- [1	3 FATHER'S NAME			1	A. MOTHER'S MAIDEN					
	George W. Wils				Christina	Zellers				
- [1	5 WAS DECEASED EVER IN U. S	ARMED FORCES? 16	SOCIAL SECURITY NO.	17. INFO		an.	Address		Mm A	
L	Ne		None	Odd	Fellows Ho	me Recer	ds (Same	as it	em #1)	
	18. CAUSE OF DEATH [Enter	ALICED DV						INTI	RVAL BETWEEN	
\mathbf{I}		IE CAUSE (o)	ndocarditis						Weeks	
4	421.4	DUE TO							/	
	Conditions, if ony, which (b) Arteriosclerosis								6 Years	
	couse (o), stoting the under-	DUE TO								
	lying cause last,	(c)	CONTRIBUTION OF A	N BUT NO	T DELAYED VO THE TERM	W. I. D. C.				
	PART II OTHER SIGNIFI 200. ACCIDENT WAS UNDERLY OR CONTRIBUTING CAUSE (IF EITHER, NOTIFY MEDICAL E	CANT CONDITIONS	CONTRIBUTING TO DEAT	H BUI NO	I KETATED TO THE FERM	IINAL DISEASE CO	NDITION GIVEN IN	PART 1(0) 1	PERFORMED?	
	200 ACCIDENT WAS UNDERLY	ANG TI 206 DES	CRIBE HOW INJURY OC	CURREN /E	ates actuse of laives in	Part Los Part II of	i (tom 181)		YES NO.	
	200. ACCIDENT WAS UNDERLY OR CONTRIBUTING CAUSE (IF EITHER, NOTIFY MEDICAL E	OF DEATH	CKIDE HOW INJURY OC	CORRED. (E	arer norure of injury in	rgir i or rom (i oi	Irem 10.j			
			NJURY OCCURRED 2	On PLACE	OF INJURY (Home, form	206 (Cibi on I	1	(C)	100.00	
	Hour o.m	While	Not while	foctory	, street, affice bldg., etc	c.)	1wiij	(County)	(State)	
ŀ		u. 401	// D-b /	26	60	April 6,	50			
	21. I certify that I atte	nded the deceas		26,			, 19.27_,the	of I last so	w the deceased	
1	alive an April	19	Z, and that a	leath oc	curred at 6:30			on the da		
1	ACTUAL	7/2 1/1	ms sel		l. E Chim		city or town, stote)		DATE SIGNED	
4	SIGNATURE	17. 21	rough	M D.	4 E. Chur	en be.			April 1959	
	PHYSICIAN'S Willia	M. Smit	h. M. D.		Frederick	. Md.				
1 2		ATE THEREOF	22c NAME OF CEMET	ERY OR CR	EMATORY	22d LOCATION	(City town, or cou	ntv)	(Stole)	
	Burial (Specify)	-59	Parkwood (ore, Mary		fararet	
-						L.				
2	3. FUNERAL DIRECTOR'S SIGNATU M. R. Etchison		ADDRESS		24o. REC	D BY REGISTRAR	24b. REGISTRAR	S SIGNATUR	E	



eral director, TO HOSPITAL OR ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 24 hours after death. Page 4 may be retained by the haspital or attending physician. TO FUNERAL DIRECT After this certificate has been signed by the attending physician and campletely filled in by the page 3 should be assached far use as the burial-transit permit. Then please remove carban papers. Pages 1 and 2 shouther registrar prior to burial, cremation, ar removal, and in any event within 72 hours after death.

VS A15 (4) 15M 9/55 MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

4352

CERTIFICATE OF DEATH

D	Diam'r.	8.1-	
Reg.	DIE	" LAG"	

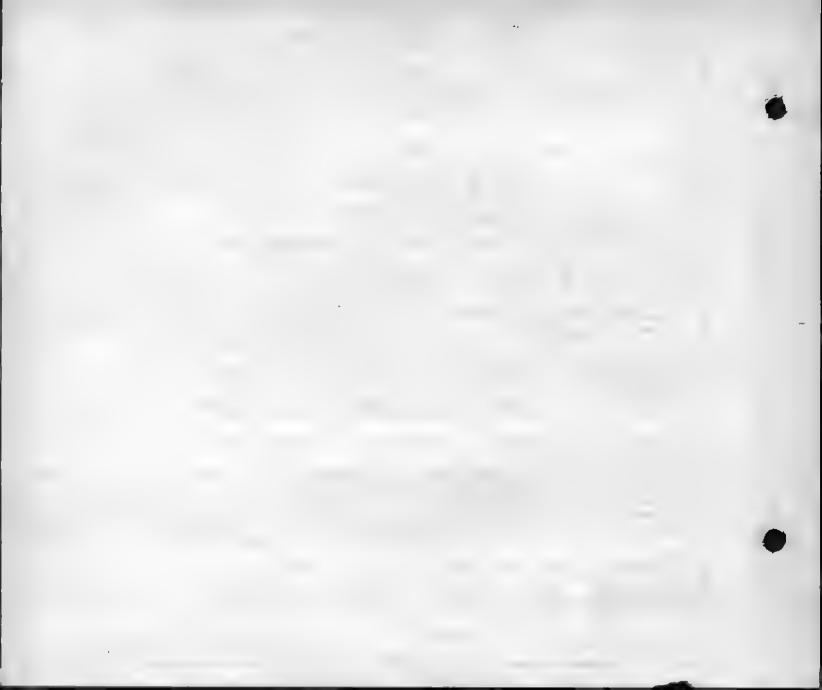
1	1. F	COUNTY Frederick.	MICANO.	P. USUAL RESIDENCE (Where do s. STATE	eceased lived. If instituti b. COUNTY	on: Residence	before odmissi	onj
			AT IN 16	E. CITY OR TOWN (IF outside XUALHERS)	corporate limits, write R	URAL and giv	e nearest town	
		d. NAME OF HOSPITAL (If not in hospital, give street oddress) OR INSTITUTION		d. STREET ADDRESS			e. IS RESI ON A YES	FARM?
		NAME OF First Mid DECEASED Type or print) FANE	G	LLBRANDSEN B	DEATH april		16 1	ear 9 5 9
	5. S	F WIDOWED DIVO	RCED 🔲	Octor 1888	9. AGE (In years lost birthday) // yrs.	Months D	YEAR IF UNDER	Min.
		USUAL OCCUPATION (Give kind of work done of the during most of working life, even if retired)	one one	STRY 11. BIRTHPLACE (Slate or for Manual 14. MOTHER'S MAIDEN NAME	pi	12. CITIZI	, S.A,	COUNTRY?
		Robert a. Cook		Elizabeth	Pierce			
I	3	WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY 10. or unknown) (If yes, give war or dates of service) 110 229-10-880	NO. 17	ms will Sa. S	unes 51.	5 Les	Piace.	Fud.
		18. CAUSE OF DEATH [Enter only one couse per line for (o), (b), and (c).] PART I. DEATH WAS CAUSED BY:						WEEN ME
		Conditions, if any, which are to immediate (b) Metastatic	moma to left s	ich bicui		1 mon	the	
		couse (o), stoting the under- lying couse lost. DUE TO (c) Ademican	wir	na MAlgmaid	colon		3 yea	en
^	CERTIFICATION	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO		<u> </u>	DISEASE CONDITION GIV	EN IN PART 1	PERFOR	NO D
		OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)		D. (Enter nature of injury in Part 1				
	MEDICAL	20c. TIME OF INJURY Month, Day, Year 20d INJURY OCCURRED While Not while of work of work	20e. Pl,	ACE OF INJURY (Home, form, 20 ctory, street, office bldg., etc.)	Of. (City or town)	(Co.	unly)	(Stote)
		21. I certify that I attended the deceased from DI alive on GOOD 5 and to	c 5	4 19 54, to AA	ulf 195, 195, fram the causes of		st saw the	
		ACTUAL SIGNATURE SIGNATURE		MO Walk	RESS (Street, city or town.		4/17	TE SIGNED
Ė		PHYSICIAN'S DAMECE STONI	ER)) R				
	_	BURIAL CREMATION, 226. DATE THEREOF 22c. NAME OF C BEMOVAL (Specify) 4/ 1/59 mt. C	emetery c	R CREMATORY 22d	LOCATION (City, lown,	or county)	(Stote	1
	23	J. C. Barton Walkering	ie.	Mel. DATEADD 2		STRAR'S SIGN		1



MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18 043264331 **CERTIFICATE OF DEATH** Reg. Dist. No. 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. COUNTY filed. b. COUNTY MARYLAND E9g b. CITY OR TOWN (If autside carporote limits, write c. CITY OR TOWN (If outside carporate limits, write RURAL and give nearest town) c. LENGTH OF STAY IN 1b RURAL and give nearest town) d. NAME OF HOSPITAL (If not in hospital, give street address) d. STREET ADDRESS a. IS RESIDENCE OR INSTITUTION ON A FARM? YES | NO IA NAME OF Middle DATE Manth Year DECEASED ÕĒ (Type or print) DEATH 19.5 5. SEX COLOR OR RACE 9. AGE (In years IF UNDER I YEAR IF UNDER 24 HRS 7. MARRIED EL NEVER MARRIED B. DATE OF BIRTH lost birthdoy) Months DIVORCED | WIDOWED [7] 100 USUAL OCCUPATION (Give kind of work dane 10b. KIND OF BUSINESS OR INDUSTRY 12. CITIZEN OF WHAT COUNTRY? during most of warking life, even if retired) 13. FATHER'S NAME S. ARMED FORCES? 17. INFORMANT 16. SOCIAL SECURITY NO. 18. CAUSE OF DEATH [Enter only one couse per line for (a), (b), and (c)." INTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) **DUE TO** Conditions, if any, which gave rise to immediate DUE TO coese (a), stating the underlying couse lost. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY PERFORMED? YES NO NO 20g. ACCIDENT WAS UNDERLYING
OR CONTRIBUTING
CAUSE OF DEATH
(IF EITHER, NOTIFY MEDICAL EXAMINER) 20b. DESCRIBE HOW INJURY OCCURRED, (Enter nature of injury in Part I or Part II of item 18.) 20c. TIME OF INJURY 20e. PLACE OF INJURY (Home, form, Day, Year 20d. INJURY OCCURRED 20f. (City or town) (County) (State) factory, street, office bldg., etc.) o. m. Not while at work at wark 1952, that I last saw the deceased 21. I certify that I attended the deceased from and that death occurred at 12 4 M, from the causes and an the date stated above. ADDRESS (Street, city or town, state) DATE SIGNED **ACTUAL** SIGNATURE 3 shauld PHYSICIAN'S FUNERAL NAME (Type) 220. BURIAL CREMATION. 22b. DATE/THEREOF 22c. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, town, or county) page (Stote) REMOVAL (Specify) 23. FUNERAL DIRECTOR'S SIGNATURE **ADDRESS** 24a, REC'D BY REGISTRAR 24b. REGISTRAR'S SIGNATURE

Cirthun & Formes

VS A15 (4) 15M 9/SS



ARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 1	18
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4353 CERTIFICATE OF DEATH

()4327 Reg. Dist. No.

1, PLACE OF DEATH a. COUNTY			MARYLAND	2. U	SUAL RESIDENCE (Wh	ere deceased	Lived. If institution b. COUNTY		_		
	derick			ļ	14d .				eder		
b. CITY OR TOWN (If of RURAL and give near	utside corporate limits,	write	c. LENGTH OF STAY IN 16	C.	CITY OR TOWN (IF &	utside corpo	role limits, write RI	JRAL ond g	ive near	est fown	1)
Braddock			10 months	\mathbb{X}	Rural E	Burki	ttsvill.	e			
d NAME OF HOSPITAL OR INSTITUTION	(If not in haspital, give		·	1	. STREET ADDRESS					ON A	TOENCE FARM?
Vindabona	Convalesc	en	t Home	'						AE2	NO 🗗
3. NAME OF DECEASED (Type or print)	First Mary	7	Middle Claric	e	Hemp	4. DATE OF DEATH) H	th	17		Year 1 5 59
5. SEX 16	COLOR OR RACE 7	MARR	IED NEVER MARRIED	B DAT	E OF BIRTH		9. AGE (In years	IF UNDER	YEAR!		
		VIDOWE		11,	/9/1901		fost birthday) 57 yrs.	Manths	Doys	Hours	Min.
10a. USUAL OCCUPATION	(Give kind of work dor	ne 10b.	KIND OF BUSINESS OR INDU	STRY 1	1. BIRTHPLACE (Stote	or foreign co	untry)	12 CIT	ZEN OF	WHAT	COUNTRY
during most of working seamstres		1	tailoring co		Martla	ind			U.S		
13. FATHER'S NAME			00-201-18 00		MOTHER'S MAIDEN N				012	-	
Cha	rles E. H	Tem			Nettie	Flo	ok				
15. WAS DECEASED EVER I	N U. S. ARMED FORCE	\$7 16.	SOCIAL SECURITY NO. 17.	NFORM	AANT -		Addr	ess			
[Yes, no or unknown] (If)	yes, gave wor or dates of serve	22	20-18-1760 E	dwi	in J. Hem	ip, Ha	agersto	wn. 1	Id.		
18. CAUSE OF DEATH	Enter only one couse	e per lin	for (a), b), and (c)]		10				INTER	VAL BE	TWEEN
PART I. DEATH	WAS CAUSED BY AMEDIATE CAUSE (o)_		Selma	or C	rey Eck	ein	2		UNAE	220	2045
1111124	DUE TO	9		^	10				2	. =/	do
Conditions, if ony,	which)		Vereleza	\mathcal{L}	Skine	uh	orly E		1	76	BAS
gove rise to imn		4:	-	1	2		8)/	V.		2 ~	Unju
couse (o), stoting the lying couse lost.	under-	ply	pperlinaire(Ja.	dio Clar	cau	/ Cenat	ruga	12 /	3	yu.
Z PART II. OTHER	SIGNIFICANT CONDIT	TIONS	ONTRIBUTING TO DEATH BUT	NOT F	RELATED TO THE TERMI	NAL DISEASI	CONDITION GIV	EN IN PART	1(a) 19		AUTOPSY
OATIO											NO 🗆
PART II. OTHER OR CONTRIBUTING	UNDERLYING [] 20 CAUSE OF DEATH EDICAL EXAMINER)	Ob DESC	CRIBE HOW INJURY OCCURRE	D, (Enl	er noture of injury in F	Port I or Part	II of item 18.)				
20c. TIME OF INJURY Hour o. m.	Month, Doy, Year	20d. Ih	JURY OCCURRED 20e. PL	ACE O	F INJURY (Home, farm	201. (City	or town)	(0	ounty)		(State)
Hour e.m.	19	While of world	Not while Ta	ciory, s	treet, affice bldg., etc.	1					
21. I certify that	I attanded the d				1057 10	4	14 44	45-411		41	deceased
1 1 1	the 11	10	and that death		y D	11					
olive on	+++4	, 1920	, ona that death	OCC	ried of	P_JVI, TPOR	the causes o	nd on th	ne date	state on	ed above
ACTUAL	10	7	Tara.		10	W Co	San Table	siorej		ر کے م	C J GREE
SIGNATURE	1/5		>ma	M.D. ,	J					140	7-5-9
PHYSICIAN'S Dr	. A. Tall	ooti	t Brice		Jeff	erson	a. Md.		1	/	
220 BURIAL CREMATION,			22c. NAME OF CEMETERY O	P CPS			ION (Cily, tawn, o	or consty)		(Stot	
REMOVAL (Specify)	+/20/1950)						7 0	7.6-3	(310)	c)
DUTIAL 23. FUNERAL DIRECTOR'S S	1 Car V J play J J	7	Union cemet	er		DUL'K.	ittsvil	TRAR'S SIG	NATURE		
		3/3							/ .		
Gladhill C	ompany,	HT.	ddletown, Md		DATE	R 2 2 '5	3 1 2.	1 2	"Lauld		



MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

4332

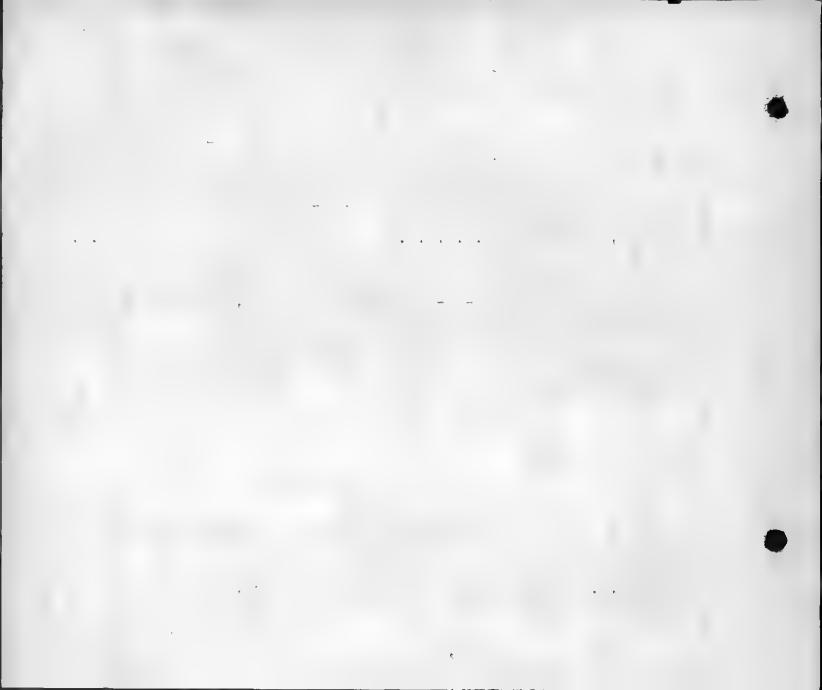
CERTIFICATE OF DEATH

()4328 Reg. Dist. No.

			The second secon		
1. PLACE OF DEATH o. COUNTY Frederick	MARYLAND	2. USUAL RESIDENCE (Who o. STATE Mary I	ere decepsed lived. If institut and b. COUNTY	rion: Residence before o	dmission) CK
b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)	LENGTH OF STAY IN 16	c. CITY OR TOWN (IF ou	utside corporate limits, write	RURAL and give nearest	lown)
Frederick	1 week	X Knoxville	,		
d. NAME OF HOSPITAL (If not in hospital, give street of OR INSTITUTION	ldress)	d STREET ADDRESS		e. t	S RESIDENCE
Memorial Hospi	tal	<i>f</i>	••		ES NO []
3. NAME OF DECEASED (Type or print)	isles &	Lel Lost	4. DATE Mo OF DEATH	onth. Day	Year 19-5-9
S. SEX 6. COLOR OR RACE 7. MARRIE	D NEVER MARRIED	DATE OF BIRTH	9 AGE (In/years last birinday)		UNDER 24 HRS.
Male White WIDOWED	DIVORCED [10-27-1907	51 yrs	Months Days H	ours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Trucker, transfer B	ND OF BUSINESS OR INDUS	IRY 11. BIRTHPLACE (Stote of	_ *	U.S.	
13. FATHER'S NAME		14. MOTHER'S MAIDEN N	AME		
Henry Hill		, Be	ssie Brashe	ares	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SC	OCIAL SECURITY NO. 17. IN	FORMANT		dress	
		harles Leop	old, Knoxv1]	lle, Maryla	and
18. CAUSE OF DEATH [Enter only one couse per line PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o) DUE TO Conditions, if ony, which gove rise to immediate couse (o), stoling the under- lying couse lost. (c)	michi zeme	to Kid	ney and	Spanjo ONSEI	AL BETWEEN AND DEATH
PART HE OTHER SIGNIFICANT CONDITIONS CO	and Conce	store Ven	A Faile	P	VAS AUTOPSY ERFORMED?
	IBE HOW INJURY OCCURRED	. (Enter noture of injury in P	ort 1 or Port II of item 18.)		
ZOc. TIME OF INJURY Month, Day, Year 20d, INJ Hour o. m. While of work	Not while Fool	CE OF INJURY (Home, form, ory, street, office bldg., etc.)	20f. (City or town)	(County)	(State)
21. I certify that I attended the deceased alive on 195	- 1/	occurred ot // 30 A	M, fram the causes ADDRESS (Street, city or town	and an the dote :	
PHYSICIAN'S A.A.Pouro	······································	Freder	ick, Marylar	nd	/
220. BURIAL, CREMATION, 22b. DATE THEREOF BURIAL (Specify) 5-2-1959	22c. NAME OF CEMETERY OF Reformed	CREMATORY	22d. LOCATION (City, town, Knoxville.		(Stote)
22-EUNERAL DIRECTOR'S SIGNATURE	ADDRESS	240 RFC*F		ISTRAR'S SIGNATURE	
	ick, Marylan	d DATE	AY 4 '59	wind & ten	*

TO HOSPITAL OR ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 24 hours after death. Page 4 may be retained by the hospital ar attending physicion.

TO FUNERAL DIRECT. After this certificate has been signed by the attending physicion and completely filled in by the page 3 should be described for use as the buriol-transit permit. Then please remove corbon pages? I and 2 should the registror prior to buriol, cremotian, or remayal, and in any event within 72 hours ofter define. VS A15 (4) 15M 9/S5



VS A15 (4) 15M 10/57

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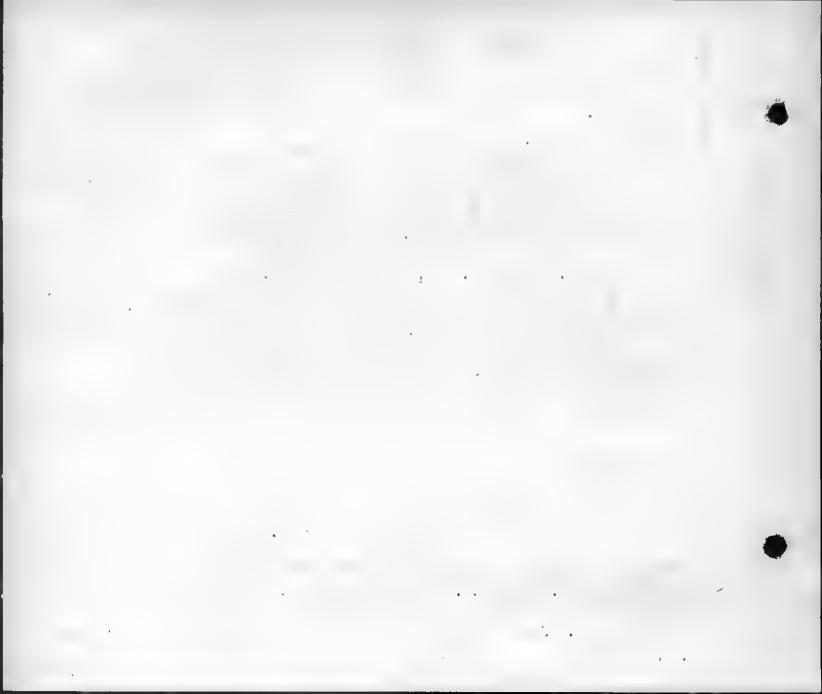
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MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

04329

	43	33	CE	RTIFIC	ATE	E OF D	EATH	1		Rog. Dist.	. No.	*/
1. PLACE OF DEATH					2. 1	USUAL RESID	ENCE (Wh	ere deceased le	ved. If institution			nission)
	rederick			MARYLAND	∥ '	U. SIAIE	Mary	land	b. COUNTY	Fred	erick	
b. CITY OR TOWN (I RURAL ond give no	f outside corporate limi	its, write	c. LENGTH OF	STAY IN 16		c. CITY OR T	OWN (IF o	utside corporati	limits, write RU	RAL and giv	re nearest to	own)
Freder			Years		\parallel //	F	reder	rick				
d NAME OF HOSP T	AL (If not in hospital, g	jive street (oddress)		1	d STREET A	DDRESS				e, fS 5	RESIDENCE
100 East	Second Str	reet			V.	100 E	ast S	econd S	treet			NA FARM?
3. NAME OF DECEASED	Fu	rst		Middle		losi		4. DATE	Month		Day	Yeor
(Type or print)	ELIZA	BETH	RO	DDOCK		HOU	CK	OF DEATH	April		25.	19 59
5. SEX	6 COLOR OR RACE	7. MARR	IED NEVER	MARRIED []	B DA	ATE OF BIRTH	1	79	AGE (In years		YEAR IF UN	IDER 24 HRS
Female	White	WIDOWE			Nov	ember	21.	1888	70 yrs.	Months D	ays Hou	rs Min
100. USUAL OCCUPATIO	N (Give kind of work	done 10b	KIND OF BUSIN					or foreign coun		12. CITIZ	EN OF WH	AT COUNTRY
Domestic	life, even if retired] [Home				Maryl:				USA	
13. FATHER'S NAME					14	MOTHER'S					0011	
Geo	orge S. Rod	lock.	Sr.			3	lary l	H. Quyn	11			
15. WAS DECEASED EVE	R IN U. S. ARMED FOR	CES7 16		TY NO 17. 1	NFOR				h Street	33 Nimen	vonle	16 NIV
No No	(If yes, gave war or dates of s	ervice]	None		iss				Bushwal		TOPK	LUPNI
18 CAUSE OF DEA	TH [Enter only one co	use per lin	e for (o), (b), o			8		2000001	DEDITHER	202 9	INTERVAL	DETIMEEN
	TH WAS CAUSED BY:		-/-	1		. ~	6				ONSET AN	ND DEATH
420.0	DUE TO		m 2 (Leny	م کرے		race of			5 -/	C.min
Conditions, if o		17.3	12.	1	1-	- /	/	x 1	,		1-	
gove rîse to ii	mmediote	166	UN-LON	120		- 1	Car	Or.	rouse		2 m	or T
Couse (a), stating lying couse lost.	the under-											
	IER SIGNIFICANT CON	DITIONS C	ONTRIBUTING	TO DEATH BUT	NOT	RELATED TO	THE TEOMIN	MAL DISEASE CO	ONDITION CIVE	N. (D.) D. (D.)	110 144	r Autonia
1 12	1 +		10 +	1	?		THE TERMI	-A	JAJIIION GIVE	LIN PARI I	PER	FORMED?
200 ACCIDENT WA	S LINDERIVING IT	20h DESC	PIRE HOW IN	LIEV OCCUPE	cu	he yes	mera	Lovy to	Jerlin	(Vara	YES	□ ио 🚺
■ OR CONTRIBUTING	CAUSE OF DEATH	200. DESC	RIBE HOW INJ	OKT OCCURRE	D. (En	rer noture of	Wilney in P	off t or Fort II	of item (9.)		•	
	Y Month, Day, Yea	. 20.4 (1)	HINN OCCUPAT	D 20- N	ACT O	NE 11 11 10 11 11		Tank in				
20c. TIME OF INJUR Hour o. m.	Ť	While	JURY OCCURRE Not while		Clory,	street, office	bldg., etc]	20f (City or	town)	(Cou	unty)	(Stote)
p. m	19	of work	of work]				<u>i , , , , , , , , , , , , , , , , , , ,</u>				
21. I certify th	of I attended the	decease						1/25	1919	that I la	st saw th	e deceased
alive an	1124,	_, 12 <u>5</u>	9, and	that death	acc	urred at	:30F	M, from t	ne causes an	d on the	date sta	ated abave
·	= > /		11	g and a second			A	DORESS (Street	, city or town, st	ote)		DATE SIGNED
ACTUAL SIGNATURE	Lenn	2//	1 Sr	ase	M.D.	East (hurch	1 Stree	t		4/2	7/1959
PHYSICIAN'S T	1 17 Of		16 70			D		3/ 3		b	*****	
NAME (Type)	lenry V. Oh	ase,	M.D.			rredei	ick,	Maryla	nd			
220. BURIAL, CREMATION REMOVAL (Specify)	4, 226 DATE THEREO	F	22c NAME OF	CEMETERY O	R CRE	MATORY		22d. LOCATION	(City, town, or	county)	[51	ote)
Burial	Apr. 28.19	59	Mount	Olivet	Ce	metery	r	Freder	rick.		Mary.	_ `
23 FUNERAL DIRECTOR	SIGNATURE		ADDRESS					BY REGISTRAR		RAR'S SIGN		
M. R. Etchi	son & Son,	Fred	erick,	Maryla	nd		DATE A	PR 2 8 '5	9 0	Thung &	House	



1,5	6
director, filed with	M

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ATTIMING PHYSICIAN: The law equires that the death certificate be executed within 24 haurs after death. Page 4

may be retained by a tospital ar attending physician.

TO FUNERAL DIRECT If the this certificate has been signed by the attending physician and campletely filled in by the page 3 shauld be a set of far use as the burial-transit permit. Then please remave carbon papers. Pages 1 and 2 shauther registrar prior to burial, cremation, or remaval, and in any event within 72 hauss after death.

VS A15 (4) 15M 10/57

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 4354

CERTIFICATE OF DEATH

04330

Reg. Dist. No.

a. COUNTY	Frederick		MARYLAN	- 11	USUAL RESIDI o. STATE		yland	b. COUNT		e before od ederi	
b CITY OR TOWN (I RURAL and give no Braddock	f outside corporate limitorest town) Heights		ngth of stay in nth	16 >	c. CITY OR TO			ote limits, write Rural-R		ve nearest	town)
OR INSTITUTION	At (If not in hospitot, g Convalscen		•	/	d. STREET AD		aville			e IS O YES	RESIDENCE IN FARM?
3. NAME OF DECEASED (Type or print)	FANN		Middle OLAND		Loss HOW.	ARD	4. DATE OF DEATH	Mo Apr		25 g	Yeor 19 59
5 SEX Female	6. COLOR OR RACE	7 MARRIED WIDOWED	NEVER MARRIED DIVORCED [— ,	ATE OF BIRTH	1881	5	78 AGE (In years fost birthdoy) yrs	Months		INDER 24 HRS urs Min
10a USUAL OCCUPATION during most of work	ung lite, even it retired	} [of Business or if	NDUSTRY		CE (Stole o		untry}	t2. CITIZ	USA	HAT COUNTRYS
13. FATHER'S NAME				1-	. MOTHER'S A	AAIDEN N	IAME				
Da	wid Peter	Oland				Ma	alinda	Stull			
15. WAS DECEASED EVE	R IN U. S. ARMED FOR	CES? 16. SOCIA	L SECURITY NO.	17. INFO	RMANT			Ade	dress		
(Yes. na. or unknown)	No	None		Mrs	Ellen	H. (Cramer-	Same a	as Item	#2	
PART I. DEA	mmediate (, can	(a), (b), and (c).	of 1	Uterus					ONSET A	L BETWEEN AND DEATH
cause (o), stating lying couse lost.	ler SIGNIFICANT CON	>	BUTING TO DEATH	BUT NO	RELATED TO T	HE TERMI	NAL DISEASE	CONDITION GI	VEN IN PART	1(a) 19. W	'AS AUTOPSY
3	eneralized	meta	rtaris								RFORMED?
	S UNDERLYING TO CAUSE OF DEATH MEDICAL EXAMINER)	20b DESCRIBE I	HOW INJURY OCCU	JRRED. (E	nter nature of s	injury in P	art I or Part	(1 of item 18.)			
20c. TIME OF INJUR How a. m. p. m.	Y Month, Day, Yes	While Nat work at work		factory,	OF INJURY (Ho street, office b	oldg., etc.				ounly)	(Slote)
21. I certify th	at I attended the		om <u>May</u> ., and that de	eath ac	. 19 <u>47</u> .	OOA.	Mr, from	the Causes	and on the	ast saw t e date si	he deceased tated abave DATE SIGNED
ACTUAL SIGNATURE	41.7a	Liney	/ma).	M.D.	East S	econd	Stree	t		4/2	7/1959
PHYSICIAN'S H	. L. Fahrn	ey,MD.			Freder	ick,	Maryla	and			
22a. BURIAL, CREMATION	N, 22b. DATE THEREO	F 22c	NAME OF CEMETER	RY OR CR	EMATORY		22d LOCATIO	ON (City, Iown,	or county)	(Stole)
REMOVAL (Specify)	Apr.28,1	959 Mo	unt Olive	et Ce	metery		Fre	derick.		Mary	land
23 FUNERAL DIRECTOR"			DDRESS		2		BY REGISTR	AR 24b. REG	ISTRAR'S SIGN	NATURE	
IM. R. Etchi	son & Son.	Braderi	ck. Marri	and		AF	PR 2 8 '5	9 6	Talling 8	974	

VS A15 (4) 1SM 10/S7

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

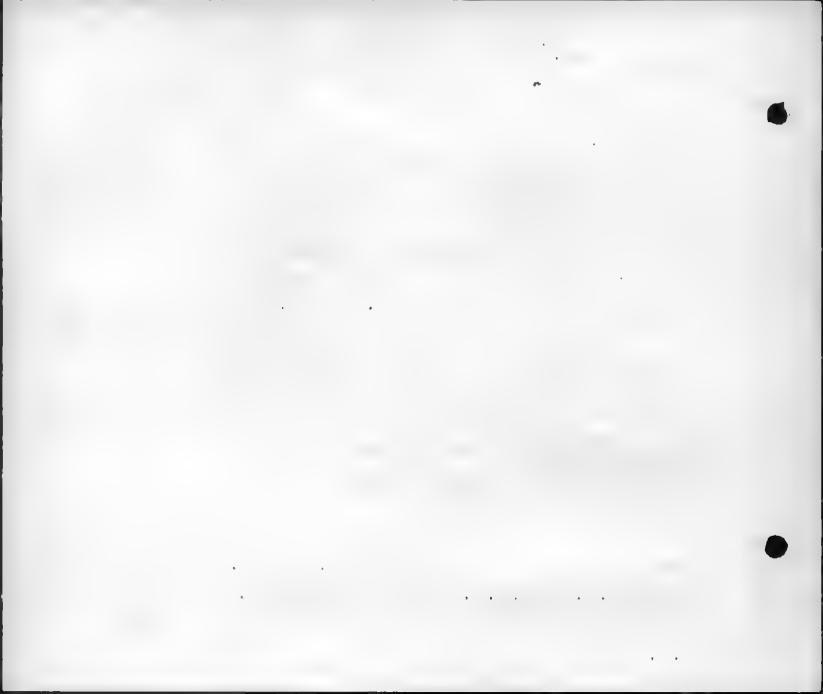
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CERTIFICATE OF DEATH

04331

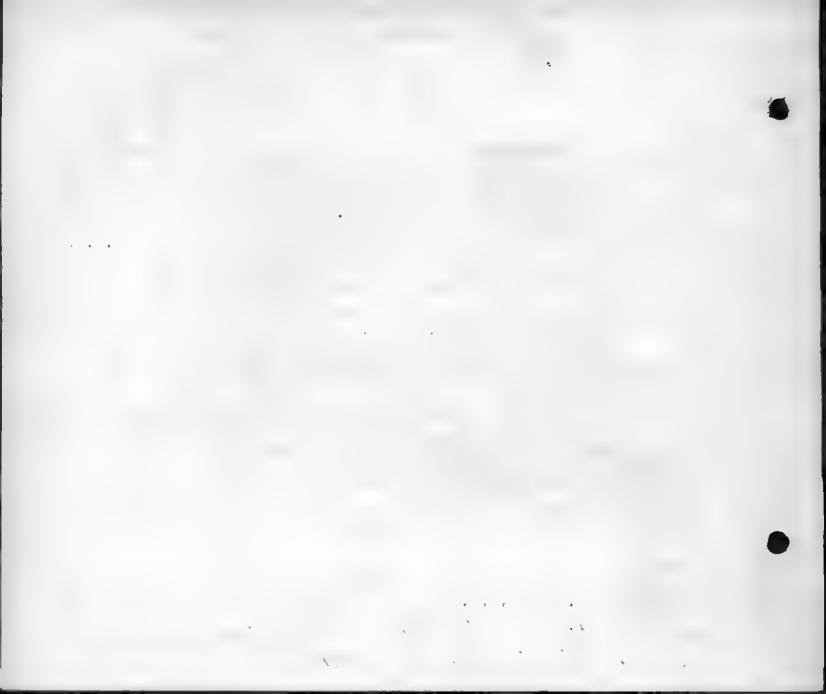
Reg. Dist. No.

	1, PLACE OF DEATH o. COUNTY Fred	lerick		MAR	YLAND	2 USUAL RESI	arylar	nd	d lived. If instit b COUN	TY	nce before o		}
	b. CITY OR TOWN (IF RURAL ond give no Frederi	arest town)	ls, write	c. LENGTH OF STAY	7 IN 16		reder		prote limits, write	RURAL and	give negres	I town)	
	d. NAME OF HOSP TO OR INSTITUTION 109 Record	Street	jive street			d. STREET	ADDRESS .09 Rec	cord S	Street			S RESIDE	RM2
	3 NAME OF DECEASED (Type or print)	THOMA		Middle POOLE		JONES	st	4. DATE OF DEATH		onth pril	Day 18,	Yeo	-1-
	5 SEX	6. COLOR OR RACE	7. MARR	IED NEVER MARR	IED 🖂	B DATE OF BIRT	'H		9 AGE (In year	IF UNDE	R TYEAR IF		-
	Male	White	WIDOWE	D DIVORCE	ED 🔲	23 Feb	1 -		lost birthday	Months			Min,
	10a. USUAL OCCUPATIO during most of works Farmer	N (Give kind of work ing life, even if retired	done 10b.	Farm Owne			rylane	_	ountry]		TIZEN OF W	/HAT CO	UNTRY?
	13 FATHER'S NAME					14. MOTHER'S	MAIDEN N	AME					
	Albert Jo	nes				Ma	rgaret	Pool	Le				
	15. WAS DECEASED EVER	IN U. S. ARMED FOR	CES? 16.	SOCIAL SECURITY NO	D. 17, 11	NFORMANT			A	ddress			
	No	707, 970 07 07 07 07 07	,	Unk	Mrs	Blanc	he G.	Jones	s (Same	as ite	em #1)		
	Conditions, if on gove rise to in couse (o), stoting t lying couse lost,	he under-		yetas ti	her	- 7 th	Bone	2007.	ate u	ath gs	2	AL BETW	- yeu
)	3 Veca	ER SIGNIFICANT CON	1	enco-	ATH BUT	NOT RELATED TO	THE TERMIN	NAL DISEAS	E CONDITION O	EIVEN IN PAG	P	VAS AUT ERFORMI S N	ED?
,		S UNDERLYING [] CAUSE OF DEATH AEDICAL EXAMINER)	20b. DESC	RIBE HOW INJURY O	CCURRED). (Enter noture o	of injury in Po	ort for Por	t II of item 18.)				
	Y 20c. TIME OF INJURY Hour o. m. p. m.	Month, Day, Yeo	While	UURY OCCURRED Not while of work	20e. PLA fac	CE OF INJURY (fory, street, office	Home, form, e bldg., etc.)	20f. (City	or town)	(County)		(Stole)
	actual SIGNATURE	of I offended the	19.5	9, and that	death		12:30	ch St	n the causes	and on t	last saw he date s 20 Ap	DATE	obove.
	270 BURIA. CREMATION REMOVAL (Specify)	1, 22b. DATE THEREO	F	Loudon		CREMATORY Cemeter			ion (City, town			(Stole)	
	23. FUNERAL DIRECTOR'S M. R. Etch		, Fre	ADDRESS ederick, Ma	aryla	und	240 REC'D			SISTRAR'S SI		мА	



MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 04332MEDICAL EXAMINER'S CERTIFICATE OF DEATH **FOR STATE** Reg. Dist. No. HEALTH DEPT. PLACE OF DEATH 2 USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) e. COUNTY b countrederick Page files. Health, Frederick MARYLAND Marvland b. CITY OR TOWN III outside corporate him to, write RURAL c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If autside corporate l'mits, write RURAL and give neorest town) 45 Frederick Middletown retained far y d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) e IS RESIDENCE d STREET ADDRESS P ON A FARM? IO Washington YES 🗍 NO 🔂 Frederick Memorial Hospital State death. 3. NAME OF DATE Middle Year DECEASED (Type or print) Joy Christine Keller DEATH I6 1959 Abril may be with the 9. AGE (In years 7. MARRIED NEVER MARRIED 7. 8. DATE OF BIRTH 6. COLOR OR RACE IF UNDER TYPAR IF UNDER 24 HRS lost birthday) Months i Days Hours | Min. WIDOWED [DIVORCED [Female Nov 50 10a. USUAL OCCUPATION (Give kind at work done 10b KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or fareign country) during most at working life, even if retired) Page 1 12 CITIZEN OF WHAT COUNTRY? Frederick County U.S.A. Student Give Pages 1 h form PM3. pages 13. FATHER'S NAME M. MOTHER'S MAIDEN NAME Frank D Keller Gertrude Colliflower 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16 SOCIAL SECURITY NO 17. INFORMANT Address With Hospital records 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c). BUTERVAL BETWEEN Glang ONSET AND OFATH PART I DEATH WAS CAUSED BY: Generalize peritonitis IMMEDIATE CAUSE (o) **buriol-fransil** ward "pending" in pendi in ef Medicol Examiner's Office aud be gred as a burial-trans DUE TO Ruptured stomach Canditions, if any, which gove rise to immediate couse 50 **DUE TO** (a), stating the underlying couse fost. 6.5 PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART IGNITY. WAS AUTOPSY CERTIFICATION PILLER PERFORMED? NO [20o. EXTERNAL CAUSE WAS 20b DESCRIBE HOW INJURY OCCURRED (Enter nature of injury in Part I or Part II of item 18.) PRIMARY | or CONTRIBUTING | CAUSE OF DEATH. 20c. TIME OF INJURY Month, Day, Year 20d INJURY OCCURRED 20e. PLACE OF INJURY (Home, form, 120f. (City or lown) (County) (Stote) 됷 factory, street, office bldg., etc.) Not while al wark at wark p. m 21. I certify that I took charge of the remains described above, held an Autopsy [x]. Inspection XL D and in my opinion death resulted from: Natural causes 4. Accident . Suicide . Homicide . Undetermined monner OF WE designated ACTUAL DATE SIGNED CHIEF MEDICAL EXAMINER SIGNATURE ్డి చ shauld be frunerAL D ASSISTANT MEDICAL EXAMINER **EXAMINER'S** NAME (Type) DEPUTY MEDICAL EXAMINER B.O. Thomas.M.D 220. BURIAL, CREMATION, 226 DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY 22d LOCATION (City, town, or county) (Stote) 2 ADDRESS 23. FUNERAL DIRECTOR'S SIGNATURE 24g. REC'D BY REGISTRAR 246 REGISTRAR'S SIGNATURE

VS, A15ME 5M 2 57



MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH 4336

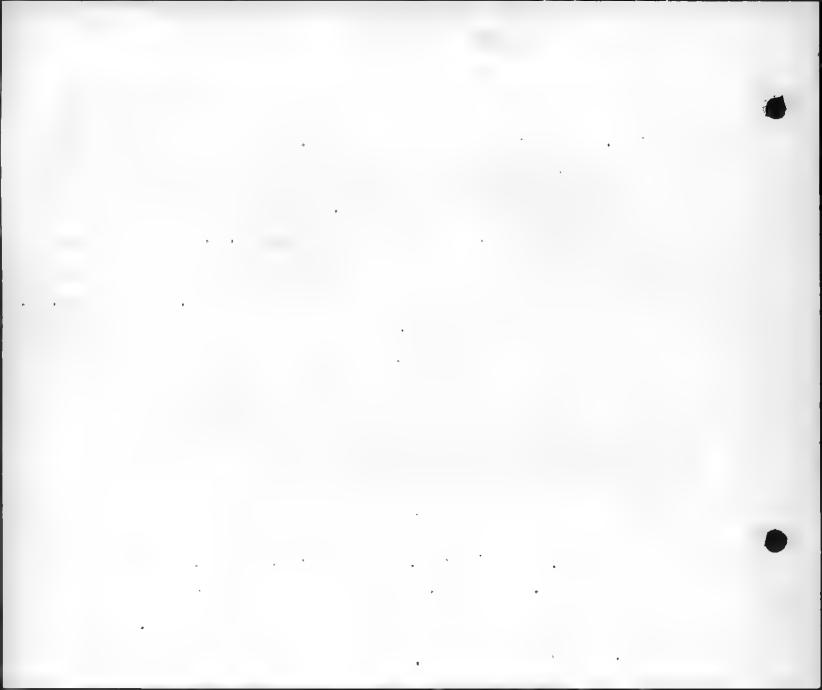
()4333 Reg. Dist. No.

1. PLACE OF DEATH o. COUNTY Fr	ederick		MARYLAN	ll p. STAT		Vhere deceosed	l lived. If instituti b. COUNTY			
RURAL and give no		ts, write	c. LENGTH OF STAY IN 1				rote limits, write R	URAL and gi	ve nearest	fawn)
Frederic d NAME OF HOSPIT	K AL (If nat in hospital, g	ive street	14 Months		ederick EET ADDRESS					S RESIDENCE
OR INSTITUTION 225 W	South Str	eet		/ 22	5 W. So	uth Sti	reet			ON A FARM?
3. NAME OF DECEASED (Type or print)	Fire 3 Comment of the	st	Middle	V 2	Last	4. DATE OF DEATH	Man		Day	Year
5. SEX	Maurice 6 COLOR OR RACE	7. MARI	Henry	King B DATE OF	BIRTH		A pri] 9 AGE (In years	IF JNDER 1		19 59 UNDER 24 HRS
M	C	WIDOW			28 , 1	.894	last birthday) yrs.	Manths D	Poys He	ours Min.
during most of work	ring life, even if retired	dane 10b.	KIND OF BUSINESS OR IN					12. CITIZ	EN OF WI	HAT COUNTRY
Bell Hop -	HoreT		2636767736363636		ER'S MAIDEN	CK-Co.	il Ci .			
Henry Kin	g			Re	berta	Allen				
15. WAS DECEASED EVE	R IN U. S. ARMED FOR		SOCIAL SECURITY NO	INFORMANT			Add	ress		
NO	to you, grow well or deline to a	2]	19-12-1940	Mollie	Whalen	King-	225 W. Sc	outh St	t. Fr	ed. Md
	TH [Enter only one co TH WAS CAUSED BY	use per li	ne for (a), (b), and (c).]	0					INTERY/	AL BETWEEN
1120/	IMMEDIATE CAUSE (a		monary the	mon	·				1 /	-der
Conditions, if a	DUE TO	7.	romany the	0 C V	^				154	yarı
gove rise to it couse (b), stoting	mmediate DUE TO		Ole Control	<u> </u>					6	
lying couse last.	(c)								
PART H. OTH	ER SIGNIFICANT CON	DITIONS	CONTRIBUTING TO DEATH	BUT NOT RELATI	ED TO THE TER/	MINAL DISEASE	CONDITION GIV	EN IN PART	`	VAS AUTOPSY ERFORMED? IS NO []
OR CONTRIBUTING	S UNDERLYING CAUSE OF DEATH MEDICAL EXAMINER)	20b. DES	CRIBE HOW INJURY OCCU	RRED. (Enter not	ure of injury h	Part I or Part	II of item 18.)			
20c. TIME OF INJUR Hour o m. p. m.	Y Month, Doy, Yes	While		PLACE OF INJi foctory, street,			or town)	(Co	ounty)	(State
21. I certify th	at / attended the	deceas		/	50, to_	4/10				ne decease
alive an	1-19	, 19	59, and that de	ath accurred	d at_11 20				date st	oted abave
ACTUAL SIGNATURE	Jonne	> 1	Hour J.	M.D	Was	buss	reet, city or town,	ud.	4/	10/59
PHYSICIAN'S NAME (Type)	James E,	Sto	ner Jr.		Walker	sville	Ed.			
22g. BURIAL, CREMATIO	N, 226. DATE THEREC)F	22c NAME OF CEMETER	Y OR CREMATO	RY	22d. LOCAT	ION (City, town,	or county)		(State)
BREMOVAL (Specify)			Fairview				derick, l		14.405	
23 FUNERAL DIRECTOR		7ma2-	ADDRESS			C'D BY REGIST		STRAR'S SIGI		
Charles E.	HILLORD THE	LEGE	TICK, Md.		I DATE M	THIND	J Ch	muy d. 7	Linita	

may be retained by hosp toll or oftending physician

TO FUNERAL DIRECT. After this certificate has been signed by the attending physician and campletely filled in by the page 3 shauld be detoched for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 shauthe registrar prior to burial, cremation, or remaval, and in any event within 32 hours, offer death. VS A15 (4) 15M 9/5B

requires that the death certificate be



MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 **CERTIFICATE OF DEATH** 4337 Rea, Dist. No. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived. If institution; Residence before admission) o. COUNT Filed **b.** COUNTY MARYLAND b. CITY OR TOWN (If outside corporate limits, write c. LENGTH OF STAY IN 16 c. CITY OR TOWN [If outside corporate limits, write RURAL and give nearest town] RURAL and give nearest town) d. NAME OF HOSPITAL (If not in hospital, give street address) d. STREET ADDRESS OR INSTITUTION NAME OF DECEASED Middle 4. DATE Most OF DEATH Type or print) 9. AGE (In years last birthdoy) 5. SEX 6. COLOR OR RACE B. DATE OF BIRTH IF UNDER 1 YEAR IF UNDER 24 HRS 7. MARRIED TLNEVER MARRIED Months DIVORCED [WIDOWED T YES 10a. USUAL OCCUPATION (Give kind of work done) 10b. KIND OF BUSINESS OR INDUSTRY during most of working life, even if retired) 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME 15 WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. Address 17. INFORMANT 18. CAUSE OF DEATH [Enter only one couse per line for (o), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) DUE TO Conditions, if any, which gave rise to immediate **DUE TO** coese (a), stating the underlying cause last. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 11:01 19. WAS AUTOPSY 200 ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part II or Part III of item 18.) IF EITHER, NOTIFY MEDICAL EXAMINERS 20c. TIME OF INJURY Day. Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, form, 20f. (City or town) foctory, street, office bldg., etc.) Hour O. m. While Not while p. m. at work of work March 21. I certify that I attended the deceased from. 19,59 that I last saw the deceased and that death occurred at 11 20 alive on A.M., from the causes and on the date stated above. ADDRESS (Street, city or town, state) ACTUAL SIGNATURE PHYSICIAN'S

22c. NAME OF

ADDRESS

9 VS A15 (4) ISM 9/5

NAME (Type)

220. BURIAL, CREMATION,

REMOVAL (Specify)

23. FUNERAL DIRECTOR'S SIGNATURE

22b. DATE THEREOF

24a, REC'D BY REGISTRAR

4 '59

24b. REGISTRAR'S SIGNATURE

04334

Day

Hours

INTERVAL BETWEEN

8 month

PERFORMED? YES NO D

(Slote)

DATE SIGNED

(Stote)

12. CITIZEN OF WHAT COUNTRY?

Days

(County)

e. IS RESIDENCE

ON A FARM? YES NO Z

Year

195

Min.

DATE APR

22d. LOCATION (City, town, or county)

ogenic carcinoma, let lung costeres to votelne, who pleans

10 March 5

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die i al director, e filed with may be retained by the haspital or attending physician.

TO FUNERAL DIRECT
Hiter this certificate has been signed by the attending physician and campletely filled in by the page 3 shauld be defer use as the burial-transit permit. Then please remave carban pages. Pages 1 and 2 shauther registrar prior to burial, cremation, or remaval, and in any event within 72 hours after death.

VS A15 (4) 1SM 10/S7

TO MORNITAL OR MITENDING PHYSICING: The law requires that the death certificate by executed within 2% hams after death.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18
4355 CERTIFICATE OF DEATH

()4335 Reg. Dist. No.

1.	FLACE OF DEATH COUNTY Frederick		MARY	/LAND	2 USUAL RESIDER	nce (Where	re decease	d lived. If institu b. COUNT		e before ad	mission)
	CITY OR TOWN (If outside corporate lim RURAL and give nearest town)	its, write	c. LENGTH OF STAY	IN 1b			Iside corpo	orate limits, write	RURAL ond g	ive negrest	lown)
L	Cullen		One Day	7	Balt	imor	e, M	d.	3Ya.	nifer.	
	d NAME OF HOSPITAL (If not in hospital, OR INSTITUTION	give street	oddress)		d STREET ADD						RESIDENCE N A FARM?
_	<u> Victor Cullen St</u>	ate	Hosp.	i	1301 1	Lind	en A	venue			□ NO 🔀
3.	NAME OF FI	rst	Middle		Lost	- 1	4. DATE OF		onth	Doy	Yeor
L	(Type or print) Paul		PPEK				DEATH	****		22	1959
5	2.0		RIED T NEVER MARRI		8. DATE OF BIRTH			9 AGE (in year lost birthday)	Months I	YEAR IF U	NDER 24 HRS
L	Male White	WIDOW			1-29-188			l 73 - yn		Doys Ho	DFS PAIN
100	USUAL OCCUPATION (Give kind of work during most of working life, even if retired Steel Worker)	KIND OF BUSINESS OF	OR INDUS		E (Stote of nany	r foreign c	ountry)		riodin Gern	Le Born
13.	FATHER'S NAME				14. MOTHER'S MA	AIDEN NA	ME				
	Thomas Lippek				Marie	Pay	gor				
15.	WAS DECEASED EVER IN U. S. ARMED FO		SOCIAL SECURITY NO) 17, II	NFORMANT			Ad	dress		
L	No.	2	18-07-175	34	Hospital	L Cha	art	(Patie	nt)		
	IB. CAUSE OF DEATH (Enter only one of PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (, Fa	ne for (o), (b), and (c) r Advance		ulmonary	7 Tu	berc	ulosis		INTERVA ONSET A	L BETWEEN
	Conditions, if ony, which)(*							
	gove rise to immediate DUE To	>									
_		1									
CERTIFICATION	PART II. OTHER SIGNIFICANT CON								IVEN IN PART	PE	AS AUTOPSY REORMED?
	200 ACCIDENT WAS UNDERLYING OF CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	L	CRIBE HOW INJURY O	CCURRE	D. (Enter nature of in	njury in Pa	rt 1 or Por	1 11 of item 18)			
MEDICAL	20c. TIME OF INJURY Month, Doy, Ye Hour e, m. p. m. 19	While	NOI while	20e. PL/ foc	ACE OF INJURY (Hostory, street, office bl	me, farm, ldg., etc.)	20f. (City	or town)	(Ca	ounty)	(State)
	21. I certify that I attended the alive on April 21 ACTUAL SIGNATURE	deceas 195	ed from +-21- 2, and that	death	9, 19, accurred at 1	AUU	M, frai DDRESS (S	959, 19 in the causes treet, city or low 2, 1959	and an the	e date s	tated above. DATE SIGNED
			stal, M.		***************************************						
220	BURIAL CREMATION. 276. DATE THERE 4-22-		Anatomy		cd of Md.	2		MON (City, town ltimore			State)
23.	FUNERAL DIRECTOR'S SIGNATURE		ADDRESS		24	la. REC'D	BY REGIST	TRAR 246 REC	SISTRAR'S SIG		
	V. Cefmond (. The	201			D	ATE A	PR 2 3	'59	anthun.	8 15	4



MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18



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PLACE OF DI a COUNTY b CITY OR T RURAL and

d. NAME OF OR INSTIT

NAME OF

DECEASED (Type or prin 5 SEX

10a, USUAL OCC

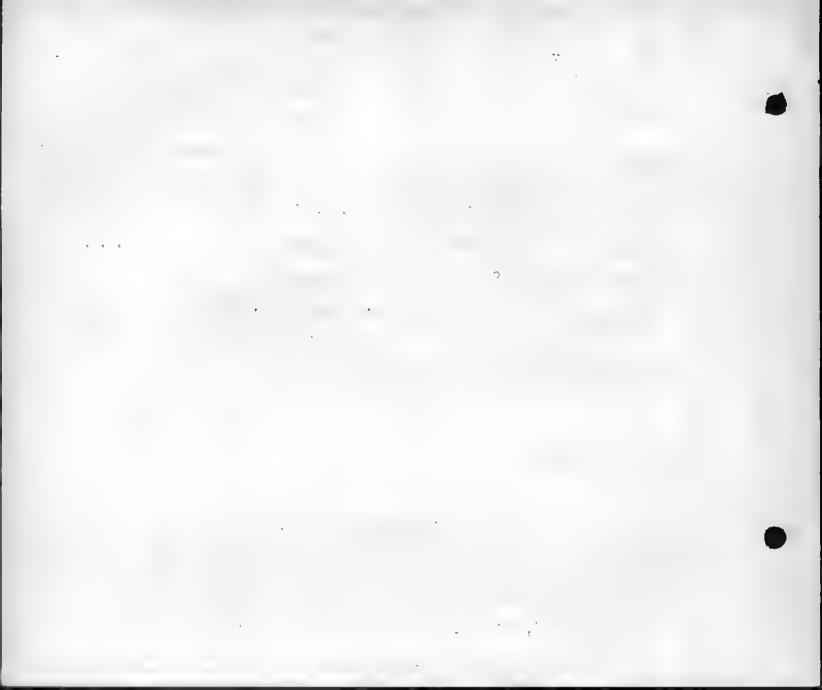
13. FATHER'S NA

during most

	435			E DEPARTA CERTIFIC							-	143		
ATH Pre	derick			MARYLAND	2. USU/ a ST	ATE	DENCE (Wh		d lived. If institu b. COUNT	Υ		ce befo		ron)
OWN (if	autside carporate limi prest tawn) Sburg	ts, write	c. LENGT	H OF STAY IN 16	e Cl	TY OR 1		ulside carpa	orate limits, write)
	it (If not in hospital, g	ive street	address)		/d. S1		DDRESS		Street					DENCE FARM?
	Fir	st		Middle		las	t	4. DATE		nih		Do	у	Year
1	Wil	liam		Charles	Mc G	raw		OF DEATH	April			2		9 59
	6. COLOR OR RACE	7. MARR	IED 🔲 NE	VER MARRIED	B. DATE C	F BIRTI	RTH 9 AGE (In years						IF UNDE	R 24 HRS
ale	White	WIDOWI	D 🗖	DIVORCED	Dec.	2.	1975		last birthday)		iths	Days	Hours	Min
OF works	N (Give kind of work on life, even if retired)	dane 10b.	KIND OF B	USINESS OR INDU	JSTRY 11. E	BIRTHPL	ACE (State o	ar fareign c	ountry]	13	2. CII	IZEN O	F WHAT	COUNTRY
arne	r	Col	Llege	Farm	M	ary.	land				U	.S.	A.	
ME					14 MO	THER'S	MAIDEN N	AME						
ranc	is Charle	s Me	Graw			Susa	an Vir	ginis	Motte	-				
ED EVER	IN U. S. ARMED FOR	CES? 16	SOCIAL SE	CURITY NO. 17.	INFORMAN		***	-0		dress		···		
				Mr	s. Th	omas	Evle	er. En	mitsbur	z. N	ar	vlar	nđ	
	H [Enter anly ane ca	usë per lir	ne far (a), (4			a 1	0			INTE	RVAL BE	TWEEN
I. DEAT	H WAS CAUSED BY.	7.	rne	ual 14	No	Cer	egest	in 1.	menu	em		ONS	ET AND	DEATH
./	DUE TO		у				1		4	~			Suc 6:1,5	ay
s, if an	y, which) (b)	ar	leu	us ele	relle	1 2	ande	UVW	s. des	cer	4	Re	verd	Hers
	mediate DUE TO										_	-		fre.
e last.) (c)													
II OTHE	R SIGNIFICANT CON	DITIONS C	ONTRIBUTI	NG TO DEATH BU	NOT RELA	TED TO	THE TERMIN	NAL DISEAS	E CONDITION G	VEN IN	PAR	T 1(o) 1	9. WAS A	UTOPSY
													PERFO YES	

15 WAS DECEA CAUSE PAR Condition gave rise cause (a), lying caus CERTIFICATION PART 200 ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b DESCRIBE HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part II of item 18.) MEDICAL 20c. TIME OF INJURY Month, Day, Year 20e PLACE OF INJURY IHame, farm, 20f. (City or fawn) 20d. INJURY OCCURRED (County) (State) Hour a.m. factory, street, office bldg., etc.] While Nat while at work at work p. m. 21. I certify that, attended the deceased from that I last saw the deceased alive an and that death occurred M, from the causes and on the date stated above DDRESS (Street, city or Jown, state) DATE SIGNED ACTUAL SIGNATURE PHYSICIAN'S NAME (Type) 22a BURIAL, CREMATION, 22b. DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY 22d LOCATION (City, fown, or county) (State) REMOVAL (Specify) Mt. View Cemetery Emmitsburg. Maryland 23. FUNERAL DIRECTOR'S SIGNATURE **ADDRESS** 24a. REC'D BY REGISTRAR 24b. REGISTRAR'S SIGNATURE APR 7 arthur S. Kraya Taneytown, Maryland DATE

Fuss & Son VS A15 (4) 15M 10/57



M

091

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 4358MEDICAL EXAMINER'S CERTIFICATE OF DEATH

04338

Reg. Dist. No.

- 2												
	PLACE OF DEATH O. COUNTY Free	deriek		MARYL		o. STATE Mary	(Where decea		otion: Reside			ission)
	b. City OR TOWN (if ond give repress found) Frederick-			LENGTH OF STAY II		c. CITY OR TOWN	(If outside cor					mu)
}	d. NAME OF HOSPITA Frederick (d. STREET ADDRESS		atrick S	treet		ON	ESIDENCE A FARW?
ſ	3. NAME OF DECEASED (Type or print)	Fin ALIC		Middle B.		tost MTLLER	4. DATE OF DEATH	Mon	_	Day		^{(ear} 959
	5. SEX Female	6. COLOR OR RACE White	7. MARRIED WIDOWED	NEVER MARRIED			1	9. AGE (in years left birthday)	IF UNDER			P P
	100. USUAL OCCUPATIO during most of working HOUSE-WOI	lite, even it retired)		ID OF BUSINESS OR IN	NDUSTRY	11. BIRTHPLACE (St. Unknow					WHAT	COUNTRY
	13. FATHER'S NAME UPLKROWN				1.	Unknown	NAME					
	15. WAS DECEASED EVE	R IN U. S. ARMED FOI (If yes, give wer or dates of t	ervice)	one	17. INFO	mmann pital Rece	ords (Addres Same as		1)		
	PART I. DEATH		Conge	(o). (b). and (c).] estive Hear riosclerat:			80				YAL BETWIE AND DEA	
	gave rise to immedi (o), stoting the uncause lost.			ardical In					VEN IN PARI	?	, WAS	AUTOPSY
2	PART II. OTHE	SE WAS 201		IOW INJURY OCCURR							PERFO ES A	NO [
- 1	CAUSE OF DEATH. 20c. TIME OF INJURY Hour a. m. p. m.			URY OCCURRED 20e	PLACE factory,	OF INJURY [Home, fo street, office bldg., s	orm, 20f. (City	y or town)	(Cou	inty)		(\$late)
		ot I took charge from: Notural (nspection () ndetermined	-		and	fi nd th a
	ACTUAL SIGNATURE	Chor	ne	is	<i>N</i>	ASSISTANT MEDICAL	_				DATE S	CSNDI
-		3. O. Thoma				DEPUTY MEDICA	L EXAMINER	<u> </u>		ril	195	
	220 BURIAL, CREMATION REMOVAL (Specify) BURIAL	4-6-59		c. NAME OF CEMETER rederick M		ial Park	Free	TION (City, town, derick,)	daryla		(State	2)
1	23. FUNERAL DIRECTOR'S M. R. Etel	signature hison & Sor	ı, Fred	lerick, Mar	ylan	d Z4a AI	SEP BY REGIST		ISTRAR'S SIG		E	

VS. A15ME(5) 5M 9/55 19



MEDICAL EXAMINER'S CERTIFICATE OF DEATH Reg. Dist. No. should 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) PLACE OF DEATH o. COUNTY b. COUNTY Frederick MARYLAND Frederick c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) b. CITY OR TOWN of outside corporate limits, write RURAL Frederick Frederick-Rural- RD#7 13 Hr. & 25 Mile e. IS RESIDENCE d. STREET ADDRESS d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) director ON A FARM? 090 345 West Patrick Street Frederick County Chronic Hospital YES NO. 4. DATE Day Year 3. NAME OF Last Month Fiest DECEASED MILLER April 1959 CLAUDE G. DEATH (Type or print) 9. AGE (In years IF UNDER TYEAR IF UNDER 24 HRS 6, COLOR OR RACE 7. MARRIED T NEVER MARRIED T B. DATE OF BIRTH 5. SEX Months Hours Min. Davs October 1, 1876 Male White WIDOWED DIVORCED T 2 10a. USUAL OCCUPATION (Give kind of work done) 10b. KIND OF BUSINESS OR INDUSTRY) 11. BIRTHPLACE (Stote or foreign country) 12 CITIZEN OF WHAT COUNTRY? during most of working life, even if retired) **₽** ≈ Unholsterer USA Indiana Self-employed pe 14. MOTHER'S MAIDEN NAME 13 FATHER'S NAME E Unknows Unknown 40 **e**60 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address (Yes, no. or unknown) III yes, nive war or dates of service Hospital Records (Same as item #1) Unk Unk 3 INTERVAL BETWEEN ONSET AND DEATH 1B. CAUSE OF DEATH [Enter only one cause per line for (o), (b), and (c).] PART I. DEATH WAS CAUSED BY: Lebar Pneumonia Days ğ IMMEDIATE CAUSE (a) **buriol-transit DUE TO** Conditions, if ony, which] gove rise to immediate couse Buo **DUE TO** (o), stating the underlying 0 Office PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINALD. SEASE CONDITION GIVEN IN PART 1(6) 19. WAS AUTOPSY 00 ICATION PERFORMED? NO T 20a, EXTERNAL CAUSE WAS PRIMARY ☐ or CONTRIBUTING 20b. DESCRIBE HOW INJURY OCCURRED (Enter noture of injury in Port I or Port II of item 18.) CAUSE OF DEATH. Exami 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, form, 20f. (City or town) (County) (Stote) 20c. TIME OF INJURY Month, Day, Year factory, street, office bldg., etc.) Not while a. m. of work at work ro. ms 21. I certify that I tack charge of the remains described above, held on Autapsy K., Inspection (C) Inquiry (XX) and find that rrilin. death resulted fram: Natural causes , Accident , Suicide , Homicide , Undetermined cause DATE SIGNED 中 33 ACTUAL CHIEF MEDICAL EXAMINER SIGNATURE 00 ASSISTANT MEDICAL EXAMINER [7] forworded to EXAMINER'S 3 April 1959 DEPUTY MEDICAL EXAMINER (X) B. O. Thomas, M. D. NAME (Type) 220 BURIAL, CREMATION, 226. DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, town, or county) (State) M Frederick Memorial Park 4-6-59 Frederick. Maryland ADDRESS 24b. REGISTRAR'S S.GNATURE 23. FUNERAL DIRECTOR'S SIGNATURE 24n, REC'D BY REGISTRAR M. R. Etchisen & Son, Frederick, Maryland YS A15ME(5) DATE APR 8 Ciriling & House SM 9/55

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18



04340 4360 CERTIFICATE OF DEATH Reg. Dist. No. 1. PLACE OF DEATH 1da 2 USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) o COUNTY filed b. COUNTY MARYLAND b. CITY OR TOWN (If outside corporate limits, write c LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL and give negrest town) RURAL and give nearest lown) d. NAME OF HOSPITAL (If not in hospital, give street oddress) d. STREET ADDRESS e. IS RESIDENCE OR INSTITUTION 26 YES NO P Pus E NAME OF 4. DATE First Middle Lost Month Day Filled OF DEATH (Type or print) 7 AA A 5. SEX 6. COLOR OR RACE 9. AGE (In years lost birthday) IF UNDER 1 YEAR IF UNDER 24 HRS MARRIED TO NEVER MARRIED TO 8. DATE OF BIRTH completely Months Days Hours WIDOWED [DIVORCED [100. USUAL OCCUPATION (Give kind of work done) 10b. KIND OF BUSINESS OR INDUSTRY 17. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY? during most of working life, even if retired) 13 FATHER'S NAME 14. MOTHER'S MAIDEN NAME 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address 18. CAUSE OF DEATH [Enter only one couse per line for (a), (b), and (c). INTÉRVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY: Manyson-IMMEDIATE CAUSE (o) DUE TO Conditions, if ony, which gove rise to immediate **DUE TO** couse (o), stoling the underlying couse lost. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19 WAS AUTOPSY PERFORMED? YES NO L 200 ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b. DESCRIBE HOW INJURY OCCURRED, (Enter nature of injury in Part I or Part II of item 18.) 20c. TIME OF INJURY 20d. INJURY OCCURRED 20e PLACE OF INJURY I Home, form, Doy, Year 20f. (City or town) (County) Not while foctory, street, office bldg., etc.) Hour a.m. While of work of work 1.aux 1959, that I last saw the deceased 21. I certify that I attended the deceased from... 10: 52M, from the causes and an the date stated above. alive on 🛹 and that death accurred ACTUAL SIGNATURE DIREC should PHYSICIAN'S NAME (Type) FUNERA 220. BURIAL CREMATION. 226 DATE THEREOF 22¢ NAME OF CEMETERY OR CREMATORY 22d LOCATION (City, town, or county) REMOVAL (Specify). -5 0 23. FUNERAL DIRECTOR'S SIGNATURE **ADDRESS** 24g, REC'D BY REGISTRAR 24b REGISTRAR'S SIGNATURE DATE APR 3 0 '59 VS A15 (4) arthur & Kings

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

Year

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(Stote)

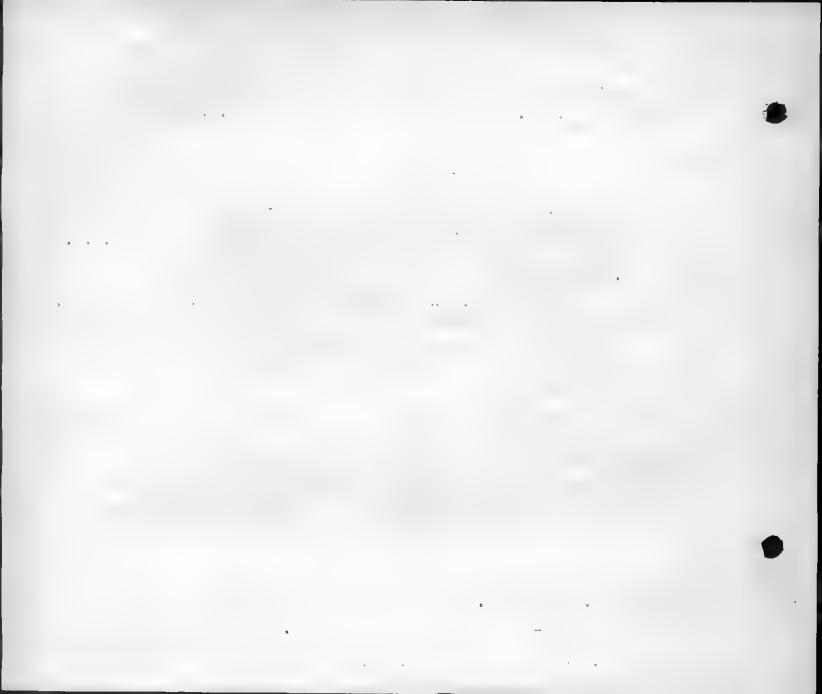
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1 /		MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18
t	>	4338 CERTIFICATE OF DEATH ()4341 Reg. Dist. No.
director,	1	1. PLACE OF DEATH O. COUNTY O. STATE MARYLAND 2 USUAL RESIDENCE (Where deceased lived. If institution, Residence before admission) O. STATE Maryland b. COUNTY Frederick
N See See		b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) RURAL and give nearest town) C. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Brunswick
4 5000	19	d. NAME OF HOSPITAL (If not in hospito), give street oddress) or INSTITUTION friday of the profit
illed in b		3 NAME OF DECEASED (Type or print) Alts. Roberts And Modele Moler Lost OF DEATH April 195
campletely fille papers. Pages ath.		5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 8. DATE OF BIRTH 9. AGE (In years lif UNDER 1 YEAR IF UNDER 24 HRS lost birthday) Months Days Hours Min.
an and camplet carban papers. after death.		100 USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (Stole or foreign country) 12. CITIZEN OF WHAT COUNTRY 13. BIRTHPLACE (Stole or foreign country) 14. CITIZEN OF WHAT COUNTRY
		Grome Zeller 14. MOTHER'S MAÎDEN NAME Lauretta Cline
ng physici remove 72 hours		15. WAS DECEASEDEVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, pre-wer or dates of service) (If y
the attending Then please re		18. CAUSE OF DEATH [Enter only one couse per line for (o), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o) Fatfy and before the course of t
ا ﴿ ا		Conditions, if ony, which by Pictorble Correspondence of the Corre
ician. sen signed k ansit permit		cotse (a), stating the under-
ng physic e has bee burial-tra	0	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY PERFORMED? YES \(\sigma \text{ NO PART II.} \)
ificate ithe bu		20a. ACCIDENT WAS UNDERLYING CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Port 1 or Part II of item 18.)
this cerl ir use as remation		20c. TIME OF INJURY Month, Doy, Year Hour o. m. p. m. 20d. INJURY OCCURED While Not while of work of
haspil After ched fo urial, ci		21. I certify that I attended the deceased from
ined by the		ACTUAL P. C. T. T. T. T. C. A. M.D. Protestation of Bide
relaine FERAL DII 3 shauld gistrar pr	- 1	PHYSICIAN'S Reform H P, 191011 Frederick Mich
may be rela o fUNERAL page 3 shau the registrar	?	220. BURIAL CREMATION. 22b. DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY 22d LOCATION (City, town, or county) (Stote) REMOVAL (Specify) 4/9/1959 Mount Olivet Frederick, Maryland
VS A15 (4) 15M 9/55		23. FUNERAL DIRECTOR'S BIGNATURE ADDRESS 246. REC'D BY REGISTRAR 246. REGISTRAR'S SIGNATURE DATE APR 9 '59 Cirling & Krone



MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 MEDICAL EXAMINER'S CERTIFICATE OF DEATH Reg. Dist. No. ITH DEPT. 2. USUAL RESIDENCE (Where decreased lived III institution, Residence before admission) 1 PLACE OF DEATH a COUNTY **b** COUNTY MARYLAND Frederick Prederick b. CITY OR TOWN (If ours do corporate limits, with a RURAL C LENGTH OF STAY IN 16 c. CITY OR TOWN (II outside corporate limits, write RURAL and give nearest town) Frederick R.F.D.3 Frederick R.F.D.3 Life d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) e. IS RESIDEN I d. STREET ADDRESS 200 ON A FARM? YES NO X 3. NAME OF 4. DATE Middle Month Year DECEASED DEATH April 20 19 59 (Type or print) Milton Moringstar Edward 6. COLOR OR RACE 7- MARRIED T NEVER MARR ED T 8. DATE OF BIRTH 9 AGE (In years IF UNDER TYPAR IF UNDER 24 HRS Months Doys Hours Feburary26.1921 White Male WIDOWED IXI DIVORCED 10a. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or foreign country) during most of working life, even if retired) 12. CITIZEN OF WHAT COUNTRY? Contractor Frederick County U.S.A. Carnenter 13. FATHER'S NAME M. MOTHER'S MAIDEN NAME Helen Virginia Toms John H. Moringstar 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT NO John H Moringstar, Frederick R.F.D.3 INTERVAL PETAVICE 18 CAUSE OF DEATH | Enter only one couse per line for (a), (b), and (c) PART I. DEATH WAS CAUSED BY: Coronary Thrombosis hour IMMEDIATE CAUSE (o) DUE TO Conditions, if ony, which gave rise to immediate cause DUE TO (a), slating the underlying couse lost. PART II, OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(o) 19. WAS ALTOPS'S PERFORMED? YES [NO IN 200. EXTERNAL CAUSE WAS PRIMARY OF CONTRIBUTING CAUSE OF DEATH. 20b DESCRIBE HOW INJURY OCCURRED (Enter nature of injury in Port I or Port tt of Item 18.) 20e. PLACE OF INJURY (Home, form, 20c. TIME OF INJURY Month, Doy, Year 20d. INJHRY OCCURRED 20f. (City or fown) (County) (State) factory, street, office bldg., etc.) Hour o. m. While Not while at work of wark 23. I certify that I took charge of the remains described above, held an Autopsy [7], Inspection [3], Inquiry [3]. opinion death resulted from: Natural causes 🛣 Accident 🗍, Suicide 🗍, Hamicide 🗍, Undetermined manner 🗍 DATE SIGNED ACTUAL CHIEF MEDICAL EXAMINER SIGNATURE April 20.1959 ASSISTANT MEDICAL EXAMINER [7] DEPUTY MEDICAL EXAMINER 13 should FUNERA B.O. Thomas . M. D. NAME (Type) 220. BURIAL CREMATION 226. DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY 22d LOCATION (City, town, or county) (State) United Brethern Cem. Thurmont, Maryland 0 ADDRESS 23 FUNERAL DIRECTOR'S SIGNATURE 240 REC'D BY REGISTRAR 245. REGISTRAR'S SIGNATURE VS A15ME arthur S. Forme APR 2 3 '59 Raymond E. Creager Thurmont. 5 M 2 . 57



4362 **CERTIFICATE OF DEATH** Rea. Dist. No 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) o. COUNTY **b.** COUNTY MARYLAND b. CITY OR TOWN (If outside corporate limits, write c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) RURAL and give negrest town! noun edv d. NAME OF HOSPITAL (If not in hospital, give street address) d. STREET ADDRESS . IS RESIDENCE OR INSTITUTION ON A FARM? 10 YES NO NAME OF Middle 4. DATE Day Month Year DECEASED 195 prtrudo (Type or print) DEATH C 6. COLOR OF RACE 5. SEX 7. MARRIED TI NEVER MARRIED T B. DATE OF BIRTA AGE (In years lost birthday) IF UNDER 1 YEAR IF UNDER 24 HRS Months Days 188 DIVORCED [7] WIDOWED IN YES. 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

10b. KIND OF BUSINESS OR INDUSTRY 18. BIRTHPLACE (Stote or foreign country) 12. CITIZEN OF WHAT COUNTRY? dryland Housewiff 11.5, 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME W. Shoe maker Ruth E. Burall GROYDA 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Shoemaker, Mt. Airy 18. CAUSE OF DEATH [Enter only one couse per line for (o), (b), and (c).] INTERVAL BETWEEN ONSET AND DEATH Generalized Atterioscleresis PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o) + Hypertensive C.V. Disease **DUE TO** Conditions, if any, which gove rise to immediate **DUE TO** couse (a), stoting the underlying couse lost, PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY PERFORMED? YES TO NO D 200. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Port I or Part II of item 18.) 20c. TIME OF INJURY 20e. PLACE OF INJURY (Home, form, Doy. Year 20d. INJURY OCCURRED 20f. (City or town) Not while (County) (Stole) factory, street, office bldg., etc.) o. n. While of work of work p. m. 21. I certify that I attended the deceased from...... 19.50, to_ 1999, that I last saw the deceased , and that death occurred at 6.0 A.M. from the causes and an the date stated above. ADDRESS (Street, city or town, state) DATE SIGNED ACTUAL SIGNATURE PHYSICIAN'S N.B. Cylwel NAME (Type 220. BURIAL, CREMATION, 225. DATE THEREOF 22c. NAME OF CEMETERY OF CREMATORY 22d. LOCATION (City, town, or county) 23. FUNERAL DIRECTOR'S SIGNATURE **ADDRESS** 24a, REC'D BY REGISTRAR 24b. REGISTRAR'S SIGNATURE PATE PR 2 3 '59 15M 9/55

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18



情

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18 CERTIFICATE OF DEATH

(1	4	3	4	4

	430:							Reg. Dist	, No.
1. PLACE OF DEATH O. COUNTY					2 USUAL RESIDENCE (Where deceased lived If institution: Residence before admission) a STATE b. COUNTY The admission				
a. COUNTY Frederick			MARYLA		Maryland Frederick				
b. CITY OR TOWN (If outside corporate limits, write RURAL and give appress lown) Frederick—Rural RD#6			c. LENGTH OF STAY IN 16		c CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) * Frederick-Rural RD#6				
			4 Years			ck-ku	rar ru#o		
d. NAME OF HOSPITAL (If not in hospital, give street oddress) OR INSTITUTION Bartonsville					ON A FARA				e. IS RESIDENCE ON A FARM? YES NO XX
3 NAME OF	First		Middle		Last	4. DATE OF	Мо	nth	Day Year
(Type or print)	ROSWEI	LL	ARTHUR		NEWTON	DEATH	A ₁	oril	13. 19 59
5. SEX	6. COLOR OR RACE 7.	MARRI	ED. NEVER MARRIED	☐ B. D	ATE OF BIRTH		9 AGE (In years	IF UNDER 1	YEAR IF UNDER 24 HRS
Male	White w	IDOWE	D DIVORCED [<u> </u>	0 Aug 1903		iost birthdoy)	Months D	Poys Hours Min
100 USUAL OCCUPATIO	ON (Give kind of work don	e 10b. K	KIND OF BUSINESS OR I	NDUSTRY	11 BIRTHPLACE (Stote	or foreign c	ountry)	12 CITIZ	EN OF WHAT COUNTRY
	during most of working life, even if retired) Filectrican		Construction		Chicago,	Ill.		US	SA
13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME									
Kutz Newton					Josephine Engles				
15. WAS DECEASED EVE	R IN U. S. ARMED FORCES	7 16. S		17. INFO			Add	dress	
	for year, give visit or devel or lavite	35	4-05-8577	Mrs.	Pearl J. N	ewton	(Same a	as item	1 #1)
18. CAUSE OF DEA	TH [Enter only and cause	per line	e far (o), (b), and (c)]						INTERVAL BETWEEN
PART I. DEA	TH WAS CAUSED BY: IMMEDIATE CAUSE (a)	É	20 Trucur	2	Eum Ar	57-62			ONSET AND DEATH
420.1	DUE TO			1				***	
Conditions, if a	ny, which) (b)	1.0	1. 2. ter ar	11.0	J. 11.	1. T	Diana	-e	160
gave rise to i couse (a), stating	mmediate (Dise TO		/ /				-		,0
lying cause lost.	(c)_		, Whentey	Devic	- Turky	13.62	In Dusi	Ang.	9. 74.
PART II. OTH	HER SIGNIFICANT CONDIT	IONS CO	ONTREUTING TO DEATH	BUT NO	RELATED TO THE TERMI	NAL DISEAS	E CONDITION GI	VEN IN PART	(a) 19. WAS AUTOPSY
PART II. OTH									PERFORMED? YES NO KK
200. ACCIDENT WA	S UNDERLYING 201 CAUSE OF DEATH MEDICAL EXAMINER)	. DESC	RIBE HOW INJURY OCC	URRED (E	nter nature of injury in f	Part 1 or Por	t II of item 18.)		
	MEDICAL EXAMINER)								
20c. TIME OF INJUR Haur a. m.			JURY OCCURRED 20	e. PLACE	OF INJURY (Home, farm	, 20f. (City	ar fawn)	(Ca	unty) (State)
Haur a.m.		While at wark	Not while of work	ractory	street, affice bldg., etc	1			
21. I certify th	at I attended the de	Cease	d from Niv	/	1958 to 1	3 A /	Z- 10-1	7 that I la	st saw the deceased
alive an	7 4 /2	19.5		eath oc	Turred of 12 A	AA from	n the course	estinoi i lu Nad ma dha	date stated above
		• •	-11,1,000 000	com co			lreet, city or town,		DATE SIGNED
ACTUAL SIGNATURE C	· La variante	,	S. come	M D	4 W. Third				April 1959
PHYSICIAN'S NAME (Type) T	nomas E. Stor	ne,	M. D.		Frederick,	Maryl	land		
220. BURIAL, CREMATION, 22b. DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY						22d LOCA	TION (City, town,	or county)	(Stole)
Burial (Specify)	4-16-59		Mount Oliv	et Co	emetery	Frederick, Maryland			
23. FUNERAL DIRECTOR			ADDRESS		24a. REC'I	D BY REGIST	RAR 246 REGI	STRAR'S SIGN	
M. R. Etc	hison & Son,	Fr	ederick, Ma	rylaı	DATE AP	R 1 5 '5	59 a	other & ?	Formula

The haspital or attending physician.

I. After this certificate has been signed by the attending physician and completely filled in by the meral director.

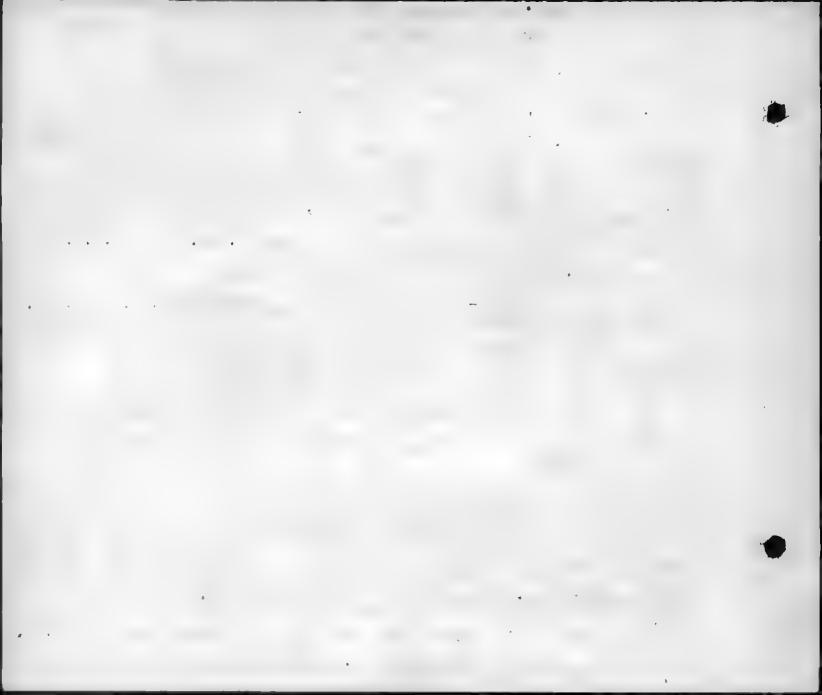
I. After this certificate has been signed by the attending physician and completely filled in by the meral director.

I and I should be filed with a building of the building of the please remove carbon popms. Pages I and I should be filed with a building or reproval, and in any event within 72 hours after death. ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death.: Page TO FUNERAL DIRE TO HOSPITAL OR VS A15 (4) 15M 10/57

the registrar priar to burial, cremotion, or regional, an

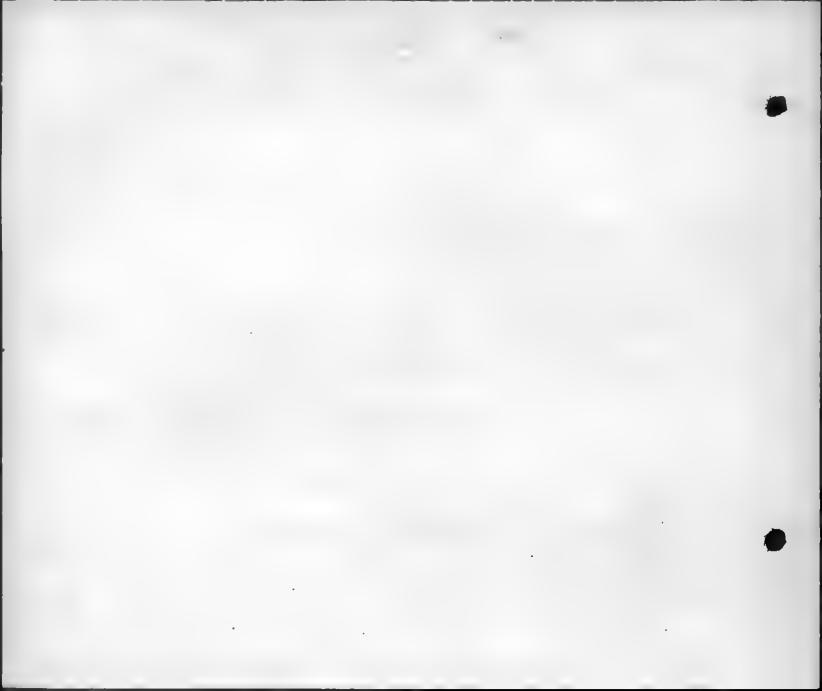


04345 4364 CERTIFICATE OF DEATH Reg. Dist. No ž PLACE OF DEATH 2 USUAL RESIDENCE (Where deceased lived If institution: Residence before admission) Fled a. COUNTY **b.** COUNTY MARYLAND Frederick Frederick Marvland b. CITY OR TOWN (If outside corporate limits, write c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL and give rearest town) RURAL and give nearest town Rural, Emmitsburg. . Emmitsburg, Rural d. NAME OF HOSPITAL (If not in hospital, give street address) d. STREET ADDRESS e. IS RESIDENCE ON A FARM? OR INSTITUTION R.D.# R.D.#1 YES NO. NAME OF First Middle 4. DATE Month Yeer DECEASED Willard DEATH April 15. 1059 (Type or print) Ohler Guv 5. SEX 9. AGE (In years last_birthday) IF UNDER 1 YEAR IF UNDER 24 HRS 6. COLOR OR RACE 7. MARRIED M NEVER MARRIED 8 DATE OF BIRTH Months Days Hours Male White WIDOWED T DIVORCED T 23.1907 100. USUAL OCCUPATION (Give kind of work done) 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (Stole or foreign country) 12. CITIZEN OF WHAT COUNTRY? during most of working life, even if retired) Business Frederick Co. Md. U.S.A. Garage car 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME John E. Ohler Katie Willard 17. INFORMANT 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. Address 218-07-9079 No Emmitsburg, R.D.#1 . 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] INTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (o) DUE TO E. Conditions, if ony, which gave rise to immediate 9 i **DUE TO** cause (a), stating the underlying cause lost. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(Q) 19. WAS AUTOPSY CERTIFICATION oyal, PERFORMED? YES NO M 200. ACCIDENT WAS UNDERLYING OF CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Port I or Part II of item 18.) 20c. TIME OF INJURY Month, 20e. PLACE OF INJURY (Home, form, 20f. (City or fown) Day, Year 20d. INJURY OCCURRED (County) (State) factory, street, office bldg., etc.) Hour a. ri. Not while at work at work 21. I certify that I attended the deceased from , 1955, to april 15, 1959, that I last saw the deceased and that death accurred at 2 .M, from the causes and on the date stated above. ACTUAL SIGNATURE should PHYSICIAN'S NAME (Type) O FUNERAL Emmitsburg, Md. Charles R. Williams 22a. BURIAL, CREMATION, 22b. DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, town, or county) (State) REMOVAL (Specify) 18.59 United Brethren Thurmont. Frederick Co.Md. 23. FUNERAL DIRECTOR'S SIGNATURE **ADDRESS** 24b. REGISTRAR'S SIGNATURE 24a, REC'D BY REGISTRAR Emmitsburg, Md. DATAPR 1 7 '59 Cirthur & Kare

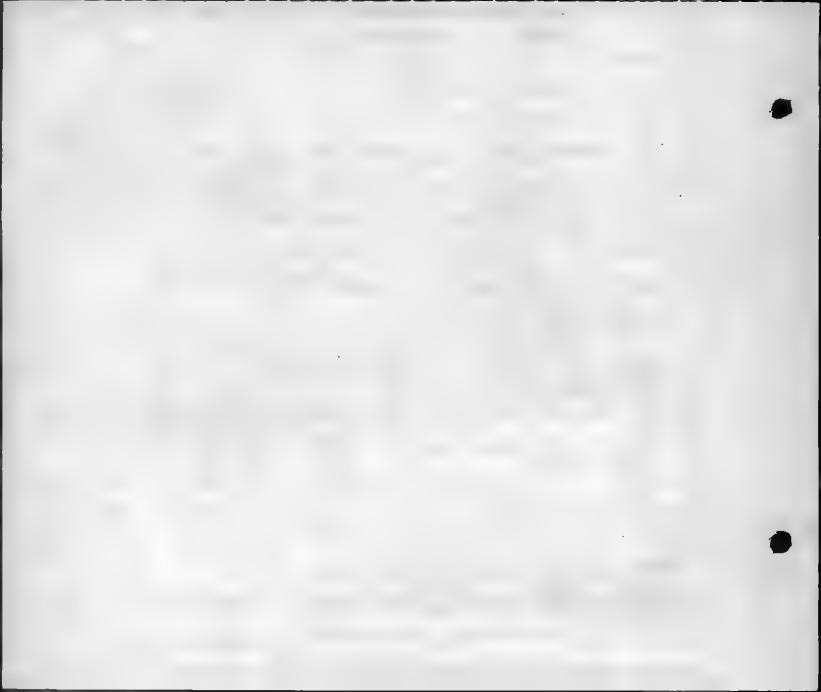


CERTIFICATE OF DEATH PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived If institution. Residence before admiss an) a COUNTY **b.** COUNTY MARYLAND b. CITY OR TOWN (If autside carparate limits, write c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) BREDERICA 3

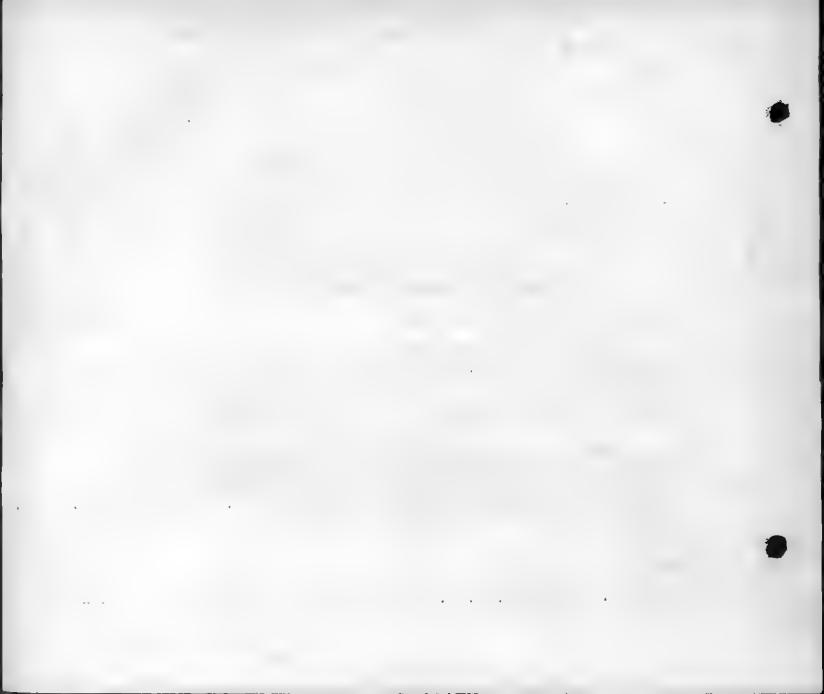
d NAME OF HOSP TAL (If not in hospital, give street address) OR INSTITUTION ON A FARM? YES DINO [3. NAME OF 4. DATE Middle DECEASED OF DEATH (Type or print) 9. AGE (Ip years lost bij thooy) IF UNDER 1 YEAR IF UNDER 24 HRS MARRIED Months Days WIDOWED | DIVORCED [O yrs bon pape 10a. USUAL OCCUPATION (Give kind of work done) 10b. KIND OF BUSINESS OR INDUSTRY 12. CITIZEN OF WHAT COUNTRY? during most of working life, even if retired) puo 13 FATHER'S NAME 750 CK 18. CAUSE OF DEATH [Enter only one cause per line for (o), (b), and (c).] ONSET AND DEATH PART I. DEATH WAS CAUSED BY.
IMMEDIATE CAUSE (0). DUE TO Conditions, if any, which gave rise to immediate **DUE TO** cause (a), stating the underlying cause last. PART II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY PERFORMED? Three rollisted Cartie Trasacca desiral YES NO NO 200 ACCIDENT WAS UNDERLYING [] 20b. DESCRIBE HOW INJURY OCCURRED, fenter nature of injury in Part I at Part II at item 18.1 OR CONTRIBUTING [] CAUSE OF DEATH 20c. TIME OF INJURY Month, Day, Year 20e. PLACE OF INJURY (Home, form, 20f (City or town) 20d. INJURY OCCURRED (County) (Stole) factory, street, affice bldg, etc.) Hour a.m. Not while of work of work 21. I certify that I attended the deceased from Close 211 19 1934 to Chec (26 1935 that I last saw the deceased 1957, and that death accurred at 2:00 AM, from the causes and an the date stated above. ADDRESS (Street, city or town, slate) ACTUAL SIGNATURE PHYSICIAN'S NAME (Type) 22a. BURIAL, CREMATION, 22b. DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, town, or county) (State) **EUNERAL DIRECTOR'S SIGNATURE** 24g. REC'D BY REGISTRAR 24b REGISTRAR'S SIGNATURE 15M 10/57



	4365 CERTIFICATE OF	DEATH (143) Reg. Dist. No.	41
,]	Frederick MARYLAND a. STATE	SIDENCE (Where deceased lived If institution: Residence before b. COUNTY Fredori	
	Rural - Mount/firy / Month X	RTOWN (If outside corporate limits, write RURAL and give neare RUYNA — Union Bridge	st fown]
	Clisan Mill Road Be.	0 0 1	IS RESIDENCE ON A FARM? YES NO
3	(Type or print) Coextrude Alice Reyne	OF DEATH April 22	Year 1959
		4004 /6 1839 // Au	Hours Min,
L	00. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) HOUSE WIFE 3. FATHER'S NAME	irginia u.	WHAT COUNTRY
	Frank Long	Elizabeth Coffelt	
	(Yes, no, or unknown) (If yes, give wor or dates of service) NONE Mrs. P	eul c. Fritz, Mt Airy, Ma	
		m hes/s //2	AND DEATH
	Conditions, if any, which gave rise to immediate cause (a), stoting the under	extensive ser Pisease M	ionths
2	Part II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED		WAS AUTOPSY PERFORMED?
	200. ACCIDENT WAS UNDERLYING A 20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture OR CONTRIBUTING A CAUSE OF DEATH IF EITHER, NOTIFY MEDICAL EXAMINER)		<u> </u>
	20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED While Not while factory, street, off p. m. 19 of work of wark	(Home, form, 20f. (City or town) (County)	(Stole)
	21. I certify that I ottended the deceased from Morch 28, 1959 alive on April 20, 1859, and that death occurred o	1, to April , 199, that I last saw 32 P.M. from the causes and on the date	the deceased
	ACTUAL SIGNATURE COSTS Cicliver M.D.	ADDRESS (Street, city or town, state)	DATE SIGNED
1	PHYSICIAN'S W.B. Culwell	Mount Ding Md	, , , , , , , , , , , , , , , , , , , ,
	20. BURIAL CREMATION, 226. DATE THEREOF 22C. NAME OF CEMETERY OR CREMATORY REMOVAL ISOSCIEVE 4/25/59 CENTRAL C.E.	M. FREDERICK COUNTY)	(State) JTY M
2	3. FUNERAL DIRECTOR'S SIGNATURE ADDRESS	24g. REC'D BY REGISTRAR 24b. REGISTRAR'S SIGNATURE	



/ >1			MARYLAND STATE DEPARTMENT OF HEA	LTH-BALTIMORE, 18
- Crop crass			MEDICAL EXAMINER'S CERTIFIC	CATE OF DEATH 04348
HEALTH DEP			4366	Reg. Dist. No.
neath Der	'		LOUNTY	ICE (Where deceased lived If institution: Residence before admission)
of the second			Frederick Maryland Ma	ryland b COUNTY Frederick
五世 開		Ь	CIFY OR TOWN (If outside corporate limits, write RURAL c. LENGTH OF STAY IN 1b c. CITY OR TOW and give necroil town)	VN (If outside corporate limits, write RURAL and give nearest town)
in the second			Route # 240 Life X Knoxy	111e R. D. # 1
for	V	d	NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) / d STREET ADDR	
e Bed h.				YES NO
fund fund fund stoir Stot deat		3. (IAME OF First Middle Last	4. DATE Month Doy Year
the the			(ype or print) Harry George / Shafer	DEATH April 1 1959
f or to large by by the transfer of the transf		5. \$	The state of the s	9 AGE (In years IF UNDER 14EAR IF UNDER 24 HRS
d 3 d 3 d 3 d 3 d 3 d 3 d 3 d 3 d 3 d 3		- 1	Male White WIDOWED DIVORCED April 19	
on o		10a	USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE tring most of working life, even if retired)	(State or foreign country) 12. CITIZEN OF WHAT COUNTRY
2 - 2 - E			T all a server	1ck County USA
Miles de		13.	FATHER'S NAME (2 0 0)	
Page Poor	1/3		Ira. S-hafer Blan	che Krutrahn
		15. (Yes,	WAS DECEASED EVER IN U. 8 ARMED FORCES? 16. SOCIAL SECURITY NO. 17 INFORMANT	Actions
祖 是 6	/		Male Car	b, Frederick, Md.
o in			18. CAUSE OF DEATH [Enter only one couse per line for (a), (b), and (c).]	HNTFRYAL BETWELTI ONSET AND DEATH
alor and a suppose			PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (6) Fractured Skull	SATURE PROPERTY
in i			Orushed chest	
\$ 9 9 9 9 9 9 9 9 9 9 9 9 9 9 9 9 9 9 9	<		Conditions, if any, which) (b) Multitify fractures	Minutes
or sale			gove rise to immediate couse (a), stating the underlying DUE TO	
min and			cover lost. (c)	
d o		Σ	PART N. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE	TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY PERFORMED?
Per cal	0	3		YES NO W
P ed :		CERTIF	206. EXTERNAL CAUSE WAS PRIMARY DO COURRED (Enter nature of injury in PRIMARY Dor CONTRIBUTING	n Fart I or Fart II of item 18.)
wor f M wild			CAUSE OF DEATH. Uar ran into tree	
T Shield of the transfer of th		DICAL	20c. TIME OF INJURY Month, Day, Year 20d INJURY OCCURRED 20c PLACE OF INJURY (Home foctory, street, office bldg	form, 20f. (City or town) (County) (State)
ng he he 3	7	MED.	While Not white Route # 240	Nr. Knoxville Fred. Md
AM Mriti To I Pog			21. I certify that I took charge of the remains described above, held on Aul	topsy , Inspection K, Inquiry X and in my
Xi Par tu			opinion death resulted from: Natural causes 🔲, Accident 🔀, Suicide 🗀	, Homicide . Undetermined monner
4 5 5 °				
Port of the state			ACTUAL SIGNATURE SIGNATURE M.D. CHIEF MEDIC	AL EXAMINER DATE SIGNED
he of	5		PVA SIMPRIME	EDICAL EXAMINER []
Par			NAME (Type) D. U. Thomas, M. D. DEPUTY MED	CAL EXAMINER 4-2-1959
Ser in		220	BURIAL, CREMATION. 226. DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY	22d LOCATION (City, lown, or county) (State)
5 2 5 5		1	Burial 4. 5-1959 Meformed Cemeter	4 Middletown md.
VS. ATSME		23	SUNERAL DIRECTOR'S S GNATURE ADDRESS 2400	REC'D BY REGISTRAR 246. REGISTRAR'S SIGNATURE
5M 2/57			Machille Co., middlelown, Md. DAT	APR 6 '59 Cirling S. Frank



			MARY	AND	STATE DEPA	RTME	NT OF	HEALTI	H-BALT	IMORE, 1	8		
r 6 Tau D.	L		43	40	CERTI	FICA	TE OF	DEATI	Н		Reg. Dist.	434(No.)
(PA	1.	LACE OF DEATH	ederick		MARY		2. USUAL RES	Marvl:	_	l lived. If institute b. COUNTY		efore admis	sion)
, 1			(If outside corporate limi	ts, write	c. LENGTH OF STAY	IN 16		TOWN (IF	outside corpor	rate limits, write R			n)
7	-	A NAME OF HOCE	Tat (If not in housite) in	ive street (-42		d STREET					e. IS RES	SIDENCE A FARM?
f			ederick Mem							Street		YES	NO 🔼
	1	NAME OF DECEASED (Type or print)	Charlot		Middle Elizabeth	Sł	io narr	ost	4. DATE OF DEATH	April	20.	Day	Year 1959
	5. :	EX			IED NEVER MARRIE		DATE OF BIRT	ТН		9. AGE (In years	IF UNDER 1 Y		ER 24 HRS.
	L	Female	White	WIDOWE	_	_ ,	Octobe	r 15.	191/	last birthday)	Months Day	ys Hours	Min
	10a	during most of wo Homemak	ION (Give kind of work orking life, even if relired OT	lone 10b.	NONe	R INDUST				Maryland		OF WHAT	COUNTRY
	13.	FATHER'S NAME					14. MOTHER"	S MAIDEN I	NAME				
-\			Allison					mpey 1	rye				
		, na, or unknown)	ER IN U. S. ARMED FOR (If yes, give wor or doles of s	ervice)	SOCIAL SECURITY NO.		FORMANT	7 2	ett n	Add			
	<u> -</u>	No	no		5-34-3967		c. Dona	Id M.	Shaw	(husbane	d) 20	E. 5th	1 St.
		PART I. DE	ATH [Enter only one co ATH WAS CAUSED BY: IMMEDIATE CAUSE (o	Use per lin	tereine	7721	alier	1/4	bane	tead	Free	SHEY AND	DEATH
		Conditions, if	immediate (710	c. Tarley	6.42	Lin	Tr	lung	7			
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gl.	ICATION		THER SIGNIFICANT CON							CONDITION GIV	/EN IN PART 1(c	PERFO	AUTOPSY ORMED?
	CERTIF	20a. ACCIDENT W OR CONTRIBUTION (IF EITHER, NOTIF	AS UNDERLYING A G A CAUSE OF DEATH Y MEDICAL EXAMINER)	20b. DESC	CRISE HOW INJURY O	CCURRED.	(Enter noture	of injury in	Part I or Part	II of item 18.)			
	MEDICAL	20c. TIME OF INJU Heur a. gr. p. m.	RY Month, Day, Yea	r 20d. IN While of work	Not while	20e. PLAC facto	E OF INJURY ory, street, offic	(Home, farm te bldg., etc	n, 20f. (City	or town)	(Coun	nty)	(Stote)
		21. I certify t	hat I attended the	decease	J	factor				IZ 19.55			
		/	Bas	0	,z==, and mar	uegiti (occorred di			set, city or town,			ed above ATE SIGNE: ?
1		ACTUAL SIGNATURE	fall of		a de la	М.	.D		<u> </u>	2 fere	2.2.2/	459	
	220		Dr. B. O. T		Sr.	M.		28 N.		_Street			
		REMOVAL (Specify	4/23/59		Mt. Oliv					ion (City, town, d lerick, l		tot2) -L	e)
	23.	FUNERAL DIRECTO		/	ADDRESS			24a. REC'	D BY REGISTR	RAR 246. REGIS	STRAR'S SIGNA		
		1sorest	* Larsoy	2	rrederick	, Mar	ryland	DATE A	PR 2 4 '	o9 a	Whom S. F.	Frank	
		150kgt	Jan by y	2	Frederick	, Mar	ryland		PR 2 4 1				_



1				MARYL	.AND	STATE DEPA	RTM	INT OF HEA	LTH	-BALT	IMORE, 1	8 0.19	5 n	
				434	4	CERTI	FICA	TE OF DE	ATH			()43 Reg. Dist. No.	011	
Page 4 director, led with	M		PLACE OF DEATH	Frederick		MARY	rland	2. USUAL RESIDENCE O STATE	E (When	_	lived. If institution b. COUNTY		_	
death.			b. CITY OR TOWN	(If outside corporate limit	s, write	c. LENGTH OF STAY	IN 1b		-84		ote limits, write Rt	JRAL and give near		
o di		L		Frederick		1 week				Freder	rick			
urs of by the d 2 sh	61	L	OR INSTITUTION	Trederick M			1	, d. STREET ADDR	ite 2	2			ON A FAR	
4 ha			NAME OF DECEASED	Fin		Middle		lost		4. DATE OF	Mont	h Day	Year	
in 2 fille ges		_	(Type or print)	Elmer		ohnson		elton-Sra		DEATH	April		19	
with tely Po		5. 3				IED NIVERSWAND			000		lost birthdoy)	Months Doys	7	Min.
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Kecu Car Pag			Retired	orking life, even if refired)			/K 1140031		_	i ibi eigii co	ururyj			DINTKT
and bonder		13.	FATHER'S NAME	raporer	1 1	ime Co.		Maryla 14. MOTHER'S MAI		WE		U.S	•A•	
cian cian car			Ren jan	in Franklin	Shell	ton		Annie	1 2. 1	Rigan				
hysi- nave			WAS DECEASED EN	ER IN U. S. ARMED FOR	CES? 16.	SOCIAL SECURITY NO	17 IN	FORMANT	160 3	DTOCK	Addre	011	Md.	
ng p		114	NO NO	(If yes, give war or dates of se		14-10-1636	Mr	s. Elmer J	J. SI	heltor	a-Sr Ro	oute 2- F		ck-
andii lease thin			18. CAUSE OF D	EATH [Enter only one co								INTE	RVAL BETWE	EEN
o tie de la			PART I, DI	EATH WAS CAUSED BY: IMMEDIATE CAUSE (6)	A	sizina by	of a	justic con	len	s in	v luna	ONS	O L	ATH La c
The The			157x	DUE TO	, ,	1	1				<	3		T. Barrier
a the		1	Conditions, if		Ca	istimoma	- io-f	pancre	a s	E well	astases to	River 6	~12 ho	ntes.
and Brand			gove rise to couse (a), statin				'	,						
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law hysic bec l-tra val,	s' pha	FICATION	PART III- O	THER SIGNIFICANT CON	STATE								PERFORME	07
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AN: indin icote he b		CERT	OR CONTRIBUTIN	VAS UNDERLYING IG CAUSE OF DEATH Y MEDICAL EXAMINER)	200.000		CCORRED.	. (Cine notore of inje	,, ,, ,,	111011011	ii or iieii: 10.,			
atte ertif as b		3	20c. TIME OF INJU	JRY Month, Doy, Yea	r 20d. IN	JURY OCCURRED	20e. PLA	CE OF INJURY (Home	, farm,	20f. (City	or town)	(County)		(State)
PHY follor fhis r use		MEDI	Hour o. m		While of work	Not while of work	faci	ory, street, office blds	g., etc.)				·	
frer for for for for for for for for for fo			21. I certify	that I offended the	decease	ed from	Ry 3	, 19 <u>57</u> , to	A	とべて	7 , 1957	,that I last sa	w the dec	eased
O + 4 5 5			alive on	Auril 6	., 12			occurred of 10	10 A	M, from	the couses a	nd on the dot	e stated o	bove.
2 8 9			ACTUAL :	Don't de	0.	3				•	eel, city or town, s	•		SIGNED
OR ined DIREC Id be	- 1		ACTUAL SIGNATURE	ONE OR TON	~~ V I	ル)	M	.o. Fr	ede:	cick S	Shopping .	Center	4-8-	-59
TAL Place		L	PHYSICIAN'S NAME (Type)	Dr. Ralph M	ichel	.8		W.	7t1	n St	Frederic	k-Mi.	*	
HOSPI oy be ge 3 s	j	220	BURIAL, CREMATI	ON, 22b. DATE THEREO	F	22c. NAME OF CEM			2		ON (City, town, o	r county)	(Stote)	
5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5			Burial	<u> </u>			ivet	Cemetery			lerick	Maryl		
⊢ ⊢		73.	FUNERAL DIRECTO	LO V LO	1/2	ADDRESS Frederick-	- Marr		REC'D	8Y REGISTR		TRAR'S SIGNATUR		
VS A15 (4) 15M 9/55	,	4	socil C	- mary	7		THE SALE	DA1	MEN	9 '59	Cit	my S. France		



FOR STATE HEALTH DEPT Page fites.

TO DEPUTY MEDICAL EXAMINER: This certificate should be executed within 24 hours after death. If ony delay is necessexecute the certifest writing the word "pending" in pendit in Item 18. Give Pages 1, 2, and 3 to the funeral directly should be forward to the Chief Medical Examiner's Office along with form PM3. Page 5 may be retained for THE FUNERAL DIFFICAR: Page 3 shauld be used as a bariol-transit permit. File pages 1 and 2 with the Store Board or its designated agent, prior to borial, cremation, ar removal, and in any event within 72 hours after death.

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VS. A15ME 5M 2/57

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18 04351 4342 MEDICAL EXAMINER'S CERTIFICATE OF DEATH Reg. Dist. No.

		ACE OF DEATH				2. USUAL RE	SIDENCE (Where deceased live	ed. If institution: Resid		zdmission)
1	9.	Fr	ederick		MARYLAND	Eary.	land		b. COUNTred	erick	
j	b.	CITY OR TOWN (III of ond give nearest town)	uls de corporate I mils, writ	PUFAL	c. LENGTH OF STAY IN 16	c. CITY OF	R TOWN (Il outside carporate	limits, wr'te RURAL or	nd g've neares	it town)
		Frede	rick		D.O.A.	Rura	al- I	Myersvil	le		
	d.	NAME OF HOSPITA	L OR INSTITUTION (It not in hosp	ital, give street address)	d. STREET	ADDRESS				IS RESIDENCE
		Frede	rick Mem	orial	Hospital _	Rout	ter#	2			ON A FARM?
	3. Na	AME OF ECEASED	Fir	al	Middle	Los	st	4. DATE OF	Month	Doy	Year
		ype or print)	CHARLES		WOODROW	SMITH		DEATH	April	25	159次
İ	5. SE	Х		7. MARRIEE	NEVER MARRIED	DATE OF BIRTI	Н		to the same of the		INDER 24 HES
		male	white	WIDOWED	DIVORCED X	April	7,	1915 4	yrs. Months	Doys Ho	ırı Min.
	10a. I	USUAL OCCUPATION	(Give kind of work	done 10b Ki	ND OF BUSINESS OR INDUS	IRY 11. BIRTHPI	LACE (Slote	e or foreign country	12 CI	FIZEN OF WE	HAT COUNTRY?
1	Ti	ree Trim	life, even if retired)	P.E	.Co.	Fred	deri	ck Co. M	d. U	.S.A.	
1	13. F.	ATHER'S NAME				14 MOTHER'S	MAIDEN	NAME			
		Mead	G. Smith	1		Anni	ie Du	using			
	15. V		IN U. S. ARMED FO		OCIAL SECURITY NO. 17.				Address		•
no [18. CAUSE OF DEATH [Enter only one couse per line for (o), (b), and (c).]									Md.		
									*	INTERFAL B	elwies -
PART 1. DEATH WAS CAUSED BY: HERE THE PART OF THE PART										04361 846	, O(A) 1
/ 16 X DUE TO											
(Conditions, if ony, which) the Death Level Com								c		50 h	untie
		gave rise to immedi (a), stating the u								1	c min
		couse fost.	(c)								
	70	FART II, OTHI	R SIGNIFICANT CON	DITIONS CON	NTRIBUTING TO DEATH BUT	NOT RELATED TO	THE TERM	AINAL DISEASE CON	DITION GIVEN IN PA		AS AUTOPSY REORMED?
ď	CERTIFICATION									YES &	
	ERTIF	PRIMARY A OF CON	FRIBUTING []	b DESCRIBE	HOW INJURY OCCURRED. (5 6		- A A			
	1 5 L	CAUSE OF DEATH.		/lan					Nonte 4.	0	
	ASDIG3W	70c TIME OF INJURY	Month, Day, Yes	20d. IN	Mot while 20e PLA	CE OF INJURY (lory, Mreet, offici	(Home, fori a bldg , at c	m, i 20f. (City or to)	then 75	ounty)	(State)
		-7/2" R_m.	the second second		k al work 🔯 / 🌣	nte 41	2	Mules		the Contraction	ma
		21. I certify the	at I took charge	of the re	emoins described abo	ve, held an	Autop	sy 💟, Inspec	itian 🛣, Inqui	ry 💟,	and in my
		opinion death r	esulted fram: 1	Notural co	ouses [], Accident :	K. Svicid	le 🔲,	Hamicide 🔲,	Undetermined	manner [
		ACTUAL S	mp					_		DA	TE SIGNED
		SIGNATURE A	lesson,	7200	4-	_ M.D.		XAMINER			
		EXAMINER'S	в. о	Thor	nas			CAL EXAMINER	Elpin	L 26,	172 0
	-	NAME (Type)					MEDIÇAL	EXAMINER (3)			
		REMOVAL (Specify)	1, 22b. DATE THEREC		MANE OF CEMETERY OF				City town, or county)	,	State)
	27 5	BUTTEL		3,1959	9 Pleasant	Walk I	1 B	Nr. Mye	rsville	Fred-	Co.Md.
	13. (Heles	VEAN	11				R 2 9 '59			
		raul	Bittle,	Mye:	rsville, Md		DATENE	11 2 3 34	arthur &	Track	



VS A15 (4) 15M 10/57

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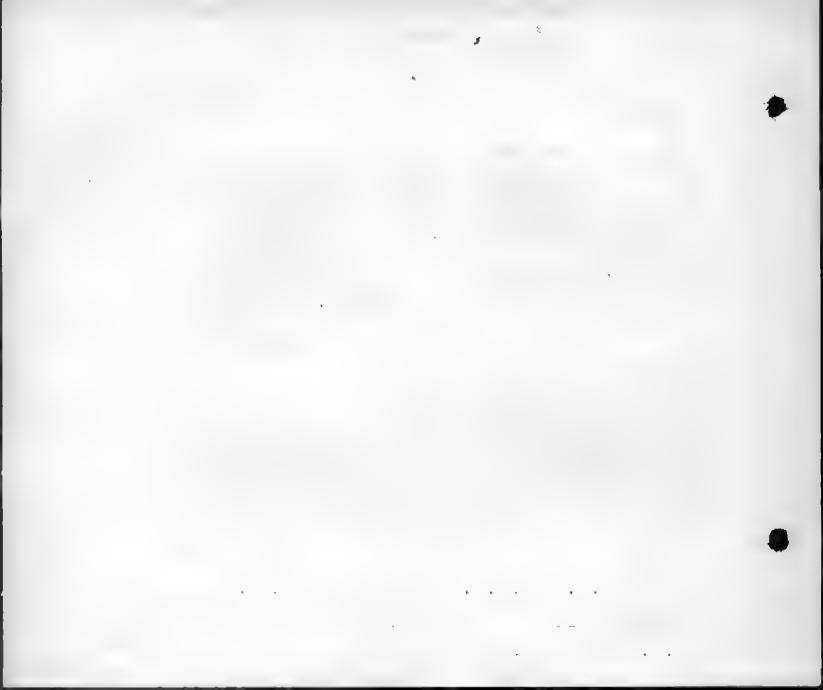
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MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

04359

PLACE OF DEATH C. COUNTY Frederick MARYLAND C. EINGTH OF STAY IN 1b C. STAY Maryland Security Frederick Maryland Security			1.36	27	CERTI	IFICA	IE OF DEA	X I F	1		R		ist. No		
Buckeystown d. NAME OF HOSPITAL (if not in hospital, give street address) 3 Years A. STREET ADDRESS C. STREET ADDRESS IN C. STREET ADDRESS C. STREET FROM STREET FR	1.	m. COUNTY _	ederick		MAR)	/LAND	a. STATE	-			ITY .	and a			ion)
Buckeystown d. NAME OF INDIFICAL (if not in beopital, give street address) J. NAME OF INDIFICAL (if not in beopital, give street address) J. NAME OF INDIFICAL (if not in beopital, give street address) J. NAME OF OCCALD (in STREET ADDRESS) J. NAME OCCUPATION (Cive kind of work doese) J. N	П			ls, write	c. LENGTH OF STAY	IN 1b	c CITY OR TOWN	4 (If o	ulside corpo	role limits, writ	e RUR/	AL and	give ne	arest lowe)
d. SREET ADDRESS of INSTRICTION of Instrict And Instruction of Instrict And Instruction of Instrict And Instruction of Instrict And Instruction of Instruction of Instrict And Instruction of Instrict And Instruction of Instrict And Instruction of Instrict And Instruction of I					3 Years		X Buc	ke:	ystown	1					
(Pyear or print) April 30 1959		d. NAME OF HOSPITA OR INSTITUTION	AL (If nat in hospital, g	ive street	address)									ON A	FARM?
(Pyear or print) April 30 1959	3.	NAME OF	Fir	st	Middle	,	Last		4. DATE		Manth		De) v	/ear
S. SEK S. COLOR OR RACE		(Type or print)	HAR	RY	CALVII	N	SNOOTS		OF DEATH			11	_	-	
100. USAL OCCUPATION (cine kind of work done done) 100. KIND OF BUSINESS OR INDUSTRY 11 BIRTHPLACE (Stote or foreign country) 12 CITIZEN OF WHAT COUNTRY Retired Farmer 100. KIND OF BUSINESS OR INDUSTRY 11 BIRTHPLACE (Stote or foreign country) USA 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME USA US	5.	SEX	6. COLOR OR RACE	7. MARR	IED NEVER MARRI	ED 🗍 B.	DATE OF BIRTH								
100. USAL OCCUPATION (cine kind of work done done) 100. KIND OF BUSINESS OR INDUSTRY 11 BIRTHPLACE (Stote or foreign country) 12 CITIZEN OF WHAT COUNTRY Retired Farmer 100. KIND OF BUSINESS OR INDUSTRY 11 BIRTHPLACE (Stote or foreign country) USA 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME USA US		Male		{			20 Aug 18	372		lost birthda	y) M	lonths	Days	Hours	Min.
Retired Fathers NAME 13. FATHER'S NAME JONAS STOOTS 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17 INFORMANT NO 18. CAUSE OF DEATH [Enter only one couse per Information of the period	10	USUAL OCCUPATIO	N (Give kind of work	done 10b.	KIND OF BUSINESS C	OR INDUST			or foreign co			12 CI	TIZEN C	F WHAT	COUNTRY
13. MOTHER'S MAIDEN NAME 14. MOTHER'S MAIDEN NAME 15. MOTHER'S MAIDEN NAME 17. MOTHER'S MOTHER'S MAIDEN NAME 17. MOTHER'S MOTHER		dound work of work	ing lire, even it retired	_								1	IISA		
15 WAS DECEASEDEVER IN U. S. ARMED FORCES? [16. SOCIAL SECURITY NO. 17 INFORMANT Address ("If the grave of date of worter) and of worter) and of worter in the course of the property of the p	13.							- "-							
15 WAS DECEASEDEVER IN U. S. ARMED FORCES? [16. SOCIAL SECURITY NO. 17 INFORMANT Address ("If the grave of date of worter) and of worter) and of worter in the course of the property of the p		Jonas Sno	ots				Ann (I	28	t pame	unkno	(cro				
NO NOTE Albert L. Snoots (Same as item #1) 18. CAUSE OF DEATH [Enter only one course per livitor of [b]. (b). and (c).] PART 1. DEATH WAS CAUSED BY: DUE TO Conditions, if on, which gove rise to immediate cause (a), stoling the under living course last. PART 1. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(e) 10. WAS AUTOPSY PERFORMED? PART 1. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(e) 10. WAS AUTOPSY PERFORMED? OR CONTRIBUTING CAUSE OF DEATH OF COUNTRIBUTION OF COUNTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(e) 10. WAS AUTOPSY PERFORMED? YES NO IX. 20. ACCIDENT WAS UNDERLYING NOT WAS UNDERLYING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(e) 10. WAS AUTOPSY PERFORMED? YES NO IX. 20. ACCIDENT WAS UNDERLYING NOT WAS UNDERLYING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(e) 10. WAS AUTOPSY PERFORMED? YES NO IX. 20. ACCIDENT WAS UNDERLYING NOT WAS UNDERLYING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(e) 10. WAS AUTOPSY PERFORMED? YES NO IX. 20. CITED OF INJURY Month, Day, Year 20d. INJURY OCCURRED Willie of work of the work of th	15	WAS DECEASED EVER	IN U. S. ARMED FOR		SOCIAL SECURITY NO). 17 INF			- 1101110						
18. CAUSE OF DEATH [Enter only one couse per Indication (b), and (c).] PART 1. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (c) DUE TO Conditions, if ony, which gove rise to immediate cause (a), stoling the under lying couse last. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(c) 19. WAS AUTOPSY PERFORMED? YES NO RCONTRIBUTING CAUSE OF DEATH (IF ETHER, NOTIFY MEDICAL EXAMINER) 20c. TIME OF INJURY Month, Day, Year Month, Day, Year lost while of work of work of work of work. 21. I certify that I attended the deceased from that death occurred at 1.30P, from the causes and on the date stated above ADDRESS (Street, city or town, stole) PAYSICIAN'S NAME (Type) A T - Brice, M D - Jefferson, Md. 220. BURIAL (REMATION) (27b. DATE THEREOF 22c NAME OF CEMETERY OR CREMATORY 22d LOCATION (City, town, or county) (Stole) STOLE THE CONTRIBUTION (CITY, town, or county) (Stole)	(11		il yes, gave wor or dates of u	HVICE)	None	AR	bert L. Sn	100	ts (S	Same as	ite	em a	#1)		
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21. I certify that I attended the deceased from 19 / ta 19 / that I last saw the deceased alive and 19 / that I last saw the deceased alive and 19 / that I last saw the dece	ICATION	Pair II. OTH	ER SIGNIFICANT CON	DITIONS	ONTRIBUTING TO DE	ATH BUT N	OT RELATED TO THE T	PERMII	NAL DISEASI	E CONDITION	GIVEN	IN PA	RT 1(o) 1	PERFO	RMED?
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21. I certify that I attended the deceased from 19 / ta 19 / that I last saw the deceased alive and 19 / that I last saw the deceased alive and 19 / that I last saw the dece	SICA		Month, Day, Yea			20e. PLAC	E OF INJURY (Home,	form,	20f. (City	or town)		((County)		(State)
alive an	ME		19			1	. y, siveet, office blug.	., 610.	1						
ACTUAL SIGNATURE M.D. Jefferson, Md. 220. BURIAL, CREMATION, 22b. DATE THEREOF REMOVAL (Specify) ADDRESS (Street, city or fown, stodie) DATE SIGNET M.D. Jefferson, Md. 22c. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, town, or county) (Stole)		21. I certify the	at I attended the	decease	10 1	-1+ d		201	dary.	<u> </u>	= 1/1	hat I	last so	w the	decease
ACTUAL SIGNATURE PHYSICIAN'S A. T. Brice, M. D. Jefferson, Md. 220. BURIAL CREMATION, 22b. DATE THEREOF 22c NAME OF CEMETERY OR CREMATORY 22d LOCATION (City, town, or county) (Stole)		alive an	334-1-1	_,]2,2	and that	death c	ccurred at						he da	te state	d abave
NAME (Type) A = 1 = DITCE NI = D = UCITETSON NICE 220. BURIAL CREMATION, 22b. DATE THEREOF 22c NAME OF CEMETERY OR CREMATORY 22d LOCATION (City, town, or county) (Stole)		ACTUAL SIGNATURE	CY	5	Daries_	M	D		ADDRESS (SI	reet, city or tow	vn/stal	he)		5/1/	JE SIGNE
REMOUVAL(Specify)			A. T. Brie	e, M	D.		Jeffers	on	, Md.	<u> </u>					
Burial 5-4-59 Lutheran Cemetery Creagerstown, Maryland	224	BURIAL, CREMATION	, 22b. DATE THEREO	F					22d LOCAT	ION (City, tow	n, or c	ounty)		(Stole)
			5-4-59		· · · · · · · · · · · · · · · · · · ·	Cemet	tery		Crea	gersto	m,	Mai	ryla	nd	
23. FUNERAL DIRECTOR'S SIGNATURE M. R. Etchison & Son, Frederick, Maryland Address Maryland Address Addres	23.			n, Fr		aryla	and	_							

DATE MAY 4



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VS A15 (4)



DEPARTMENT OF HEALTH—BALTIMORE. 18 Item 4 Film@741 4=21-59 et

CERTIFICATE OF DEATH

4368 Reg. Dist. No. PLACE OF DEATH 2 USUAL RESIDENCE (Where deceased liyed. If institution, Residence before admission) o. COUNTY b. COUNTY MARYLAND b. CITY OR TOWN (If outside corporate fimits, write c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) RUBAL and give nearest town) d NAME OF HOSPITAL (If not in hospital, give street address) d. STREET ADDRESS IS RESIDENCE OR INSTITUTION ON A FARM? YES NO 14 NAME OF 4. DATE First Middle Lent Month Day Year OF DEATH (Type or print) April 19 9. AGE (In years last birthday) IF UNDER 1 YEAR! IF UNDER 24 HRS 5. SEX 7. MARRIED NEVER MARRIED B DATE OF BIRTH 6. COLOR OF RACE Months Dovs Hours DIVORCED | WIDOWED [100. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or foreign country) 12 CITIZEN OF WHAT COUNTRY? during most of working life, even if retired) maker 14 MOTHER'S MAIDEN NAME 13 FATHER'S NAME 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address INTERVAL BETWEEN 18. CAUSE OF DEATH [Enter only one cause per line for (o), (b), and (c) ONSET AND DEATH PART 1. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o) DUE TO 5 months Conditions, if onv. which gave rise to immediate **DUE TO** cause (a), stoting the underlying cause lost. PART II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY PERFORMED? YES NO 🖸 200. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.) 20c. TIME OF INJURY 20e PLACE OF INJURY (Home, form, 20f. (City or town) Month, Day, Year 20d INJURY OCCURRED (State) (County) factory, street, office bldg., etc.) Hour a m. While Nat while al work of work 21. I certify that I rattended the deceased from 1 Movember 1958, to 4/62 19.59, that I last saw the deceased and that death occurred at 5.55 P.M. from the causes and on the date stated above. alive on ADDRESS (Street, city or town, state) DATE SIGNED ACTUAL INSPATURE PHYSICIAN'S NAME (Type) 220. BURIAL CREMATION, 22b. DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY 22d LOCATION-(City, town or county) (State) REMOVAL (Specify) 23. FUNERAL DIRECTOR'S SIGNATURE ADDRES! 246 REGISTRAR'S SIGNATURE 240. REST DATE



executed within 24

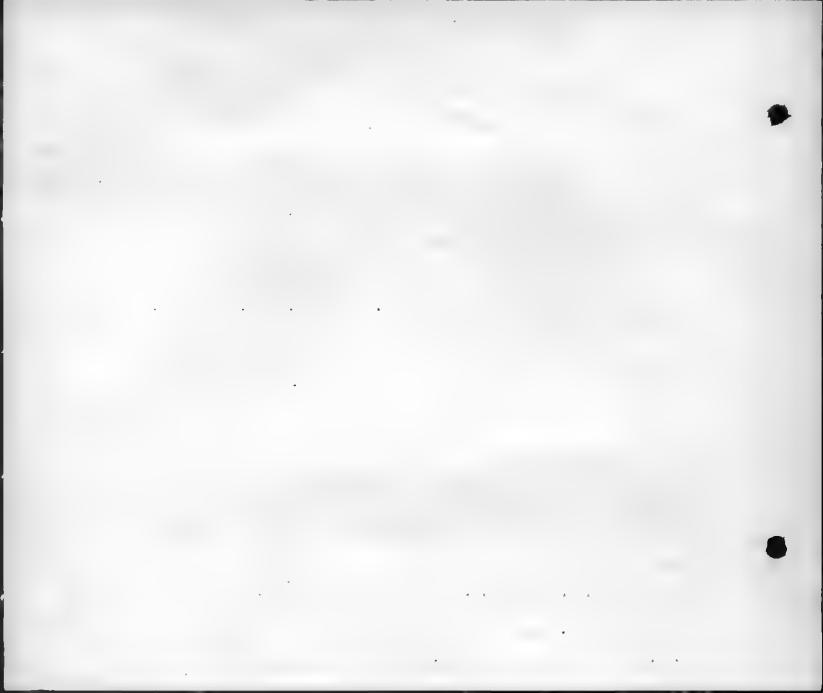
requires that

HOSPITAL

0



	4370		CERT	IFIC/	ATE OF D	EATH			Reg. C	[] 쇼핑 Dist. No.	55	
1. PLACE OF DEATH o. COUNTY Fre	ederick		MAR	YLAND	2. USUAL RESIDE		re deceose	d lived. If institution b. COUNTY	_	ence befo		an)
b. CITY OR TOWN (I RURAL and give no Jeffer			ength of stay	(IN 16	c. CITY OR TO		iside corpo	rote limits, write R	URAL and	d give nec	irest town	}
	AL (If not in haspital, give				d. STREET AD		161 00				e IS REST ON A YES	FARM?
3. NAME OF DECEASED (Type or print)	CHARLES		Middle DAVII		tost STUP		4. DATE OF DEATH	Mon Apri		2 <u>1</u>	,	ear 9 59
s. sex Male	6. COLOR OR RACE 7.	MARRIED [B. DATE OF BIRTH	28.18	393	9. AGE (In years last birthday)		ER 1 YEAR		R 24 HRS Min.
Oo. USUAL OCCUPATION during most of work Caretaker 3. FATHER'S NAME	ON (Give kind of wark don ting life, even if retired)		o of Business o	OR INDU	STRY 11. BIRTHPLA	ce (Stote o rylan	r foreign c	ountry)	12. 0	U.	F WHAT	COUNTR
	ld Thomas St	מנו				ster		18				
	R IN U. S. ARMED FORCES (It yes, give wor or dates of service NO	16. SOC	ial security no nk		o Charles			Add		laryl	and	
PART I. DEA	TH [Enter only one couse TH WAS CAUSED BY: IMMEDIATE CAUSE (0)	per line lo	(0), (b), and (c)	re,	1 Occ	len	200-	20		ONS	ERVAL BET	DEATH <
Conditions, if a gave rise to i cause (a), stating lying cause last.	mmediate (DUE TO	M.	Goear Levu	eal	Is one	y o	l jl 0 58	eur81	<u>-</u> د	2	104	y-ci
200. ACCIDENT WA	HER SIGNIFICANT CONDITIONS UNDERLYING 20				NOT RELATED TO				EN IN PA	ART 1(o) 1	9. WAS / PERFO YES [NO T
OR CONTRIBUTING (IF EITHER, NOTIFY 20c. TIME OF INJUR Hour a. m.	CAUSE OF DEATH MEDICAL EXAMINER) Y Month, Day, Year 19	20d INJUR While of work [Y OCCURRED Not while of work	20e PL	ACE OF INJURY (H story, street, affice	ome, form, bldg., etc.)	20f. (City	or town)		(County)		(Stole)
	at I attended the d	12.5		Orch t death	accurred at.			2.4. 1954 In the causes of treet, city or town, 2.5000	ind.an			
PHYSICIAN'S NAME (Type)	A. T. Bric							aryland				
220. BURIAL CREMATIO REMOVAL (Specify) BUTTAL	Apr. 28, 19		name of cea Frederic		r crematory morial Pa			TION (City, town, o	or county	*	(Stote aryle	
M. R. Et.			ADDRESS			24a. REC'D	BY REGIST	TRAR 245 REGI			RE	



TO DEPUTY MEDICAL EXAMINER: This certificate should be executed within 24 hours ofter death. If any delay is necessary, please executed the certifical prints the ward "pending" in pencil in Item 18. Give Pages 1, 2, and 3 to the funeral director, "Rege 4 should be

	MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18
	MEDICAL EXAMINER'S CERTIFICATE OF DEATH (14356)
1.	PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived. If Institution: Residence before admission)
	o. COUNTY Frederick MARYLAND G. STATE Maryland b. COUNTY Frederick
Г	b. CITY OR TOWN (If outside corporate limits, write BURAL ond give necrest fown) c. CITY OR TOWN (If outside corporate limits, write RURAL and give necrest fown)
	Frederick Since 1941 // Frederick
	d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) , d. STREET ADDRESS . is RESID
	1504 North Market Street 1504 North Market Street
3.	NAME OF First Middle Lost 4. DATE Month Day Year
	(Type or print) STERLING RAY SULLIVAN DEATH ADDIL 17. 19
5.	SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 8. DATE OF BIRTH 9. AGE (In your IF UNDER LYEAR IF UNDER
	Male White WIDOWED DIVORCED February 16. 1935 2k yrs. Months Days Hours M
10	o. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT CO
A E	Brushk Company Maryland USA
13	3. FATHER'S NAME 14. MOTHER'S MAIDEN NAME
	Clarence O. Sullivan Mary Catherine Haifley
	S. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT
1	No (If yes, give wor or doles of service) 218-30-7642 Mrs. Mary H. Sullivan-Same as Item #2
	18. CAUSE OF DEATH [Enter only one cause per line for (o), (b), and (c).]
	PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (0) CARDIAC TAMPONODE
	LISTY DUE TO
	Conditions, if ony, which) DUE TO HEMO PERICARDIUM
	gove rise to immediate couse DIF TO
	couse last. (c) RUPTURED AORTA
HON	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUT
CATI	PERFORM YES TO N
ZTIFI	20a. EXTERNAL CAUSE WAS PRIMARY OF CONTRIBUTING 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Port I or Port II of item 18.)
Ü	CAUSE OF DEATH.
MEDICAL	20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, form, 120f. (City or fown) (County)
MEL	Hour o. m. While Not while p. m. 19 of work of work
	21. I certify that I taok charge of the remains described above, held an Autopsy X, Inspection X, and fin
	death resulted fram: Natural causes . Accident . Svicide . Homicide . Undetermined cause .
	SIGNATURE M.D. CHIEF MEDICAL EXAMINER []
	ASSISTANT MEDICAL EXAMINER
	EXAMINER'S B. O. Thomas, M.D. DEPUTY MED CAL EXAMINER 18 April :
224	o. BURIAL, CREMATION, 22b. DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, town, or county) REMOVAL (Specify) Apr. 20, 1959 Baust's Church Cemetery Garroll County Marylar
E	Burial Apr. 20, 1959 Baust's Church Cemetery Carroll County, Marylan
23.	FUNERAL DIRECTOR'S SIGNATURE ADDRESS 246 PEGISTRAP 246 PEG

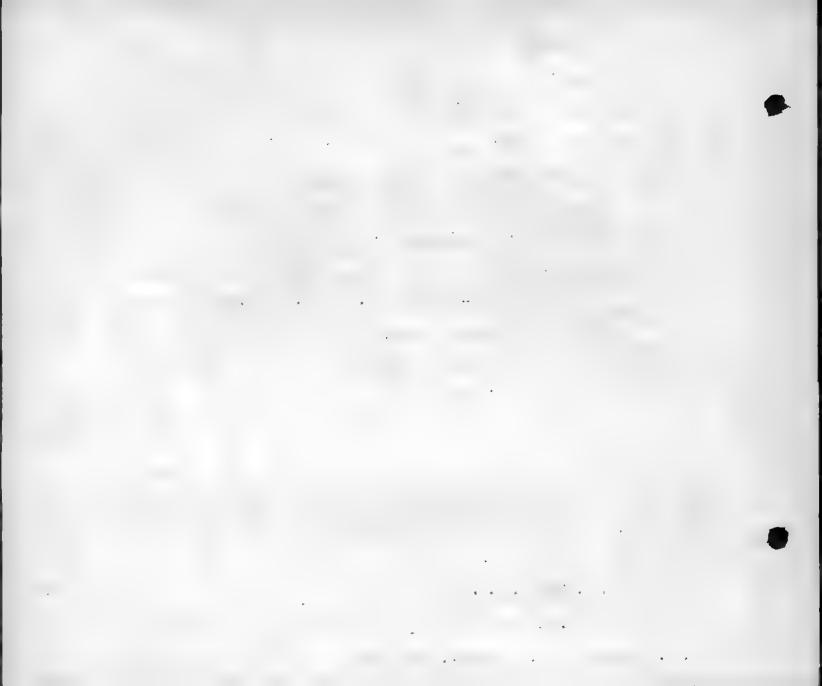
M. R. Etchison & Son, Frederick, Maryland

IF UNDER TYEAR IF UNDER 24 HRS. Hours 12. CITIZEN OF WHAT COUNTRY? USA

e. IS RESIDENCE ON A FARM? YES NO K

Year 59

				ITERVAL BETWEE NSET AND DEAT	
THE TERMI	NALDISEASE C	CONDITION GIVI	EN IN PART 1(o	PERFOR	
jury in Port	For Port II of	item 18.)			
Home, form bldg., etc.	20f. (Cily or	fown]	(County)		(Stote)
Autops; lomicide	_	pection		C, and fi	nd that
AEDICAL EX	AMINER 🔲			DATE SIG	GNED
	AL EXAMINER (<u> </u>	1.8	April	1959
	22d. LOCATIO	ON (City, town, o	r county)	(Stole)	
ry		11 Count	У.	Maryla	and
	P 2 0 '59		TRAR'S SIGNAT		



\$ 1 E	OR	1
HE	ALI	H
DEPUTY MEDICAL EXAMINER: This certificate should be executed within 24 hours after death. If any delay is necessary, please makes execute the certificate withing the word "pending" in pendil in Item, 18. Give Pages 1, 2, and 3 to the funeral direction.	thould be farm. If to the Chief Medical Examiner's Office along with farm PM3. Page 7 mes, be retained for files. VINERAL DIRECTOR: Page 3 should be used as a burial-transit aermit. File pages 1 and with the State Board or Health.	its designated agent, priar to burial, crematian, ar removal, and in any event within 72 haus pitel death.
DE	구문	1

VS. A15ME 5M 2.157

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10 3	F	O	R	Si
ŀ	1E	Ā	LŢ	H
e executed within 24 hours after death. If any delay is necessary, please	ncil in Item, 18. Give Pages 1, 2, and 3 to the funeral direction. Page min	Office along with form PM3. Page 8 packbe, retained for liles. DO	RAL DIRECTOR: Page 3 should be used as a burial-transit permit. File pages I and with the State Board or Health, T. W.	emoval, and in any event within 72 house offer death.
INER: This certificate shauld	ing the ward "pending" in p	the Chief Medical Examiner's	ge 3 should be used as a bur	riar to burial, crematian, ar
Y MEDICAL EXAM	the certificate, wri	be forw	AL DIRECTOR: Po	signated agent, p

DEPT

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18 LALL MEDICAL EXAMINER'S CERTIFICATE OF DEATH

04357

		4044				Reg. Dist. No.
•		PLACE OF DEATH		2. USUAL RESIDENCE (W	here deceased lived. If institut	tion: Residence before admission)
1	L°	Frederick	MARYLAND	o. STATE Mary	land b. COUNT	Frederick
7	Ь	CITY OR TOWN [If outs de corporate l'mirs, et la RURAL and give neorast lown]	c. LENGTH OF STAY IN 16	c. CITY OR TOWN (IF	autside carporate limits, write	RURAL and give nearest fown)
1		Frederick	I5 years	// Freder	ick	
7	d	NAME OF HOSPITAL OR INSTITUTION (If not in hosp	oilal, give street address)	d STREET ADDRESS		e. IS RES DEN LE
		Frederick Memorial Ho	spital	/ 8 East T	hird Street	YES NO C
	3. I	NAME OF First DECEASED	Middle	Lost	4. DATE Month	Doy Year
		Type or print) Virginia		wanthaus	DEATH April	I5 19 59
	5. \$	EX 6 COLOR OR RACE 7. MARRIE	D NEVER MARRIED 8.		9. AGE (In years last birthday)	IF UNDER TYEAR IF UNDER 24 HRS
		Female White WIDOWED	3	Refused to	75 3/1.	Months Days Hours Min
	10c.	. USUAL OCCUPATION (Give kind of work done 10b. Ki uring most of working life, even if retired)	IND OF BUSINESS OR INDUSTR	TI BHITHPOACE Stole of	or foreign country)	12. CITIZEN OF WHAT COUNTRY?
		House wife		Varmont		ILS-A-
	13	FATHER'S NAME		14 MOTHER'S MAIDEN N	AME	-0-8-13-821-8-
		John A.Brisco		Martha J	ane Baily	
	15. (Yes,	WAS DECEASED EVER IN U. S. ARMED FORCES? 16 S no, or unknown]	SOCIAL SECURITY NO 17. IN	FORMANT	Address	
		No		ospital re	cords	
		18 CAUSE OF DEATH [Enter only one course per line for	or (a), (b), and (c)]			INTERVAL BETWEEN ONSET AND DEATH
	Н	PART I, DEATH WAS CAUSED BY I IMMEDIATE CAUSE (c)	erbral Embol	is		I2 hours
		904.0 DUE TO				
,		Conditions, if ony, which (b) [1]	racture of r	ight shoul	der	3 days
		(o), stoting the underlying DUE TO				
	_	couse last. (c)				
A	ģ	PART II, OTHER SIGNIF CANT CONDITIONS COI	NIRIBUTING TO DEATH BUT N	OT RELATED TO THE TERMIN	VALDISEASE CONDITION GIV	EN IN PART 1(a) 19. WAS AUTOPSY PERFORMED?
40	Ş					YES NO 🔀
	Ü	PRIMARY OF CONTRIBUTING CK Fell CAUSE OF DEATH.	at home fra	ctured rig	ht shoulder	
	WEDICAL		NJURY OCCURRED 20e. PLAC	E OF INJURY (Home, farm, ry, street, office bldg, etc.)	20f. (City or town)	(County) (State)
	MED	4 p.m. 4/12 1959 of wor	LADI MINIE	me	Frederick F	Frederick Md.
		21. I certify that I toak charge of the re	emains described abov	re, held an Autopsy		inquiry , and in my
		opinian death resulted from: Natural co	auses [], Accident [, Suicide , H	lomicide 🔲, Undeter	rmined manner
		ACTUAL SIGNATURE 1383	2	M.D. CHIEF MEDICAL EXA	AMINER []	DATE SIGNED
L.	Ш			ASSISTANT MEDICA	L EXAMINER	
		EXAMINER'S B.O. Thomas, M.	.D.	DEPUTY MEDICAL E	XAMINER D Apri	1 16.1959
	220.	BURIAL CREMATION, 22b. DATE THEREOF	22c NAME OF CEMETERY OR	CREMATORY	22d LOCATION (C ly, town, .	
	/	Scercal 4/18/27	mr. O.l.	inet	Freder	74d
	23	FUNERAL DIRECTOR'S SIGNATURE	ADDRESS	240 NEC'D	BY REGISTRAR 246. REGIS	TRAR'S SIGNATURE
	E	oftenent Carty	Twickery	MALL DATE	PR 2 0 '59	Withing of House
	Harry					



MARYLAND	STATE DEPARTMENT	OF	HEALTH-BALTIMORE,	18
4371	CERTIFICATE	OF	DEATH	Re

04358

Reg. Dist. No.

1. PLACE OF DEATH . TELLEURY MARYLAND	2. USUAL RESIDENCE (Where deceased lived. If institution Residence before admission) o. STATE Wantlewa b. COUNTY France
b CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) TERCLORY Selectory C. LENGTH OF STAY IN 16 Selectory C. LENGTH OF STAY IN 16	c CITY OR TOWN (If buttude corporate limits, write RURAL and give nearest town)
or INSTITUTION Co. Chaptie & Headelal	STREET ADDRESS e. IS RESIDEN ON A FAR YES \(\) NO
3. NAME OF DECEASED (Type or print) ROSCOE SUVE ADN	Lost OF Month Day Year OF DEATH CALL 1/ 19
5. SEX 6. COLOR OR RACE 7. MARRIED THEVER MARRIED WIDOWED DIVORCED	8. DATE OF BIRTH 1875 9. AGE (In years lost birthdoy) 8 3 yrs. Months Doys Hours 1
100. USUAL OCCUPATION (Give kind of work done) 10b. KIND OF BUSINESS OR INDI duting most of working life, even if retired) 10 ST MASTER POSTOFFICE 13. FATHER'S NAME	13. BIRTHPLACE (Stole or foreign country) 12. CITIZEN OF WHAT COLUMN APPYLAND 14. MOTHER'S MAIDEN NAME
JOHN SWEADNER	MARTHA ENGLE
15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO 17 (Yes, no. or withnown) 18 yes, was or dates of service) 217-32-5667 4	OUIS SWEADNER GAITHERS BURG MI
18. CAUSE OF DEATH [Enter only one couse per line for (a), (b), and (c).] PART 1, DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a)	mujocardito Interval Betwee
Conditions, if ony, which gove rise to immediate couse (a), stating the under lying couse lost. DUE TO (b) DUE TO (c)	Seletrosis 27
3 Computation right befate	UT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTO PERFORME 2. KULL delle to the bull-ball-ball YES NO. NED. (Enter noture of injury in Port 1 or Port 11 of item 18)
5 20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e. F	PLACE OF INJURY (Home, form, foctory, street, effice bldg., etc.) (County) (County)
21. I certify that I attended the deceased from ELLLY alive on ACTUAL SIGNATURE	7. 19. T., to Che 10 , 19. T, that I last saw the decth occurred at F. H. AM, from the causes and on the date stated of APORESS (Street, city or town, stole) M.D. 7. T. Warlott T. March July
PHYSICIAN'S H.F.KIINE	TREDERICK Mb.
220. BURIAL CREMATION, 22b. DATE THEREOF 22c. NAME OF CEMETERY BURIA 1900	OR CREMATORY 22d LOCATION (City, town, or county) (Stote)
23. FUNERAL DIRECTOR'S SIGNATURE . ADDRESS LEVELLE TRUM	240. REC'D BY REGISTRAR 246. REGISTRAR'S SIGNATURE DATE APR 1 4 '59



VS A15 (4) 15M 10/57

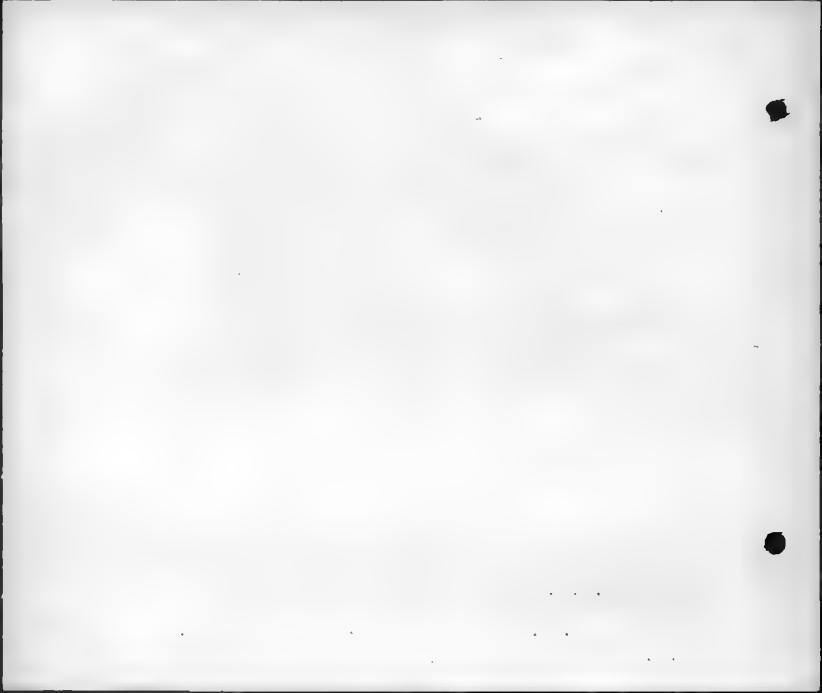
i de

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

04359

1	4372	CERTIFICA	ATE OF DEATH	Ι,	Reg. Dist. No.
	1. PLACE OF DEATH o. COUNTY Frederick	MARYLAND	2 USUAL RESIDENCE (WHO D. STATE Maryla	ere deceased lived If institution:	
	b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Frederick	c. LENGTH OF STAY IN 16	 	utside corporate limits, write RUR	
	d. NAME OF HOSPITAL (If not in hospital, give stree OR INSTITUTION Frederick Sounty Chronic	et address)	STREET ADDRESS	g Avenue	e. IS RESIDENCE ON A FARM? YES NO P
	3 NAME OF First DECEASED (Type or print) WILLE	Middle MAY	TINNEY	4. DATE Month OF April	13, Yeor 1959
	Female White widow	WED DIVORCED	s date of sirth June 2, 1877	81 birthdoy) A	FUNDER 1 YEAR IF UNDER 24 HRS Months Days Haurs Min.
	10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) HOUSEWORK	At Home		or foreign country) ryland	USA
	James Griffin		14. MOTHER'S MAIDEN N	ia E. Webb	
1	[Yes, no. or unknown] [(If yes, give war or dates of service)		ospital Recor	Address	5.
	PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o). Conditions, if ony, which gove rise to immediate couse (o), stoling the uncler- lying couse lost. (c)	Acteur Del	focardetes		ONSET AND DEATH
	(IF EITHER, NOTIFY MEDICAL EXAMINER)	ETWE-TE ASSCRIBE HOW INJURY OCCURRED	٤ ٢		I IN PART 1(0) 19. WAS AUTOPSY PERFORMED? YES NO
	Hour e.m. While	INJURY OCCURRED 20e. PLA B Not while foc	ACE OF INJURY (Home, form, tory, street, office bldg., etc.	20f (City or town)	(County) (State)
	21. I certify that I attended the decear alive an 19 19 ACTUAL SIGNATURE		occurred at 12:30	M, fram the causes and DORESS (Street, city or town, stat	that I last saw the deceased d on the date stated above DATE SIGNED Lt/11/59
	PHYSICIAN'S Dr. H. F. Kline		Frederick,	Maryland	
	20. SURIAL, CREMATION, 22b. DATE THEREOF REMOVAL (Specify) Apr. 15,1959	Mount Olivet	Cemetery	22d LOCATION (City, fown, or c	Maryland
2	3. Funeral director's signature M. R. Etchison & Son, Fi	ADDRESS rederick, Maryla	and DATE A		AR'S SIGNATURE



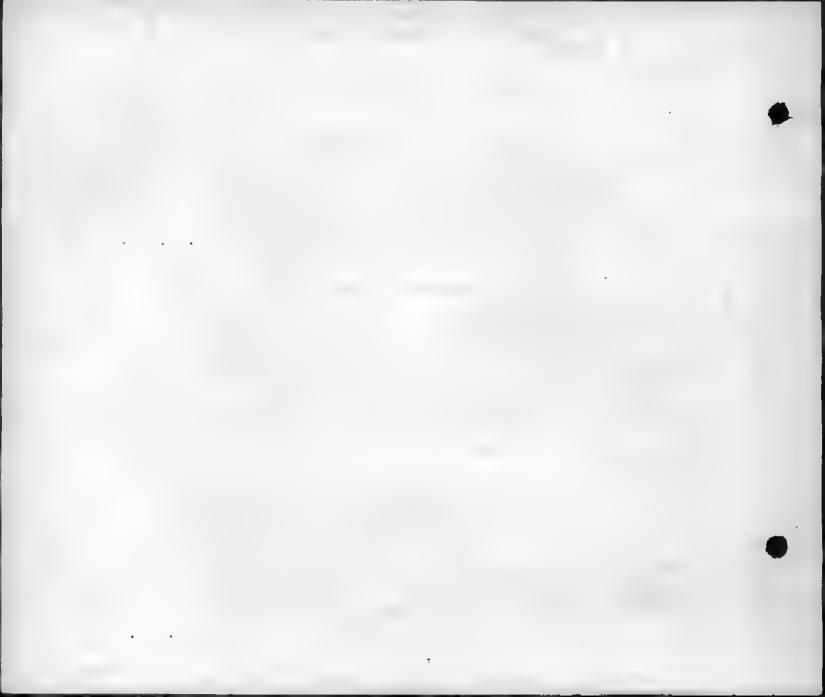
FOR STATE HEALTH DEPT N. TO DEPUTY MEDICAL EXAMINER: This certificate should be executed within 24 haurs mitter death. If any delay is necessary, please execute the certification withing the ward "pending" in pendid in flem, 18. Give Pages 1, 2, and 3 to the funeral direction A shauld be farm. A shauld be farm. If the Chief Medical Examiner's Office along with form PM3. Page 5 may be relatined for a filles. TO FUNERAL DIRECTOR: Page 3 should be used as a burial-transit permit. File pages 1 and 2 with the State Board at Health, ar its designated agent, prior to burial, cremation, ar remaked, and incomplement within 72 hours after death. I

VS A15ME 5M 2,57 MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

() 436()

Reg. Dist. No.

	4345	Reg. Dist. No.			
	1. PLACE OF DEATH	2. USUAL RESIDENCE (Where deceased lived. If institution, Residence before admission)			
	" · COUNTY Frederick MARYLAN	no state Maryland b. COUNTY Frederick			
	5. CITY OR TOWN (it outside corporate timits, write PURAL ond give nearest fown)	b c CITY OR TOWN (If outside corporate lim'ts, write RURAL and give necrest town)			
	Brunswick 2 years	Brunswick			
	d NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address)	d STREET ADDRESS e. IS RES DEN E ON A FARMA			
	along the Potomac River	along the Potomac River			
	3. NAME OF First Middle DECEASED (Type or print) MARY LOUISE VAUGHAN	LOSI 4. DATE Month 12 19 59			
	5. SEX 6 COLOR OR RACE 7 MARRIED [] NEVER MARRIED [lead both days			
	Female White widowed Divorced	August 27, 1917 all britadory yrs. Months Doys Hours Min.			
	10a USUAL OCCUPATION (Give kind of work done 10b, KIND OF BUSINESS OR INCIduring most of working life, even if retired)	PUSTRY 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY?			
	during not of working hie, even it terrisor	Wild Cat Lewis Co. W. Va.U.S.A.			
	13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME			
	John E. QUARLES	Mary Louisa Lake			
	15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16 SOCIAL SECURITY NO 1 11 yes, give wor or data of service)	7. INFORMANT Address			
		Pose Wood work Louisa, Berginia			
/	18. CAUSE OF DEATH [Enter only one couse per line for (o), (b), and (c).]	Interval netweet			
	PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a)Coronary_O				
	4-30./ DUE TO COronary Occlusion 6 hours				
	Conditions, flony, which (b)				
	gave rise to immediate couse (a), stating the underlying DUE TO				
	cause lost. (c)				
	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BE	UT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19, WAS AUTOPSY PERFORMED?			
3	<u> \(\frac{1}{2} \) </u>	YE5 NO			
	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BE 200 EXTERNAL CAUSE WAS PRIMARY OF CONTRIBUTING TO DEATH BE 200 EXTERNAL CAUSE WAS CAUSE OF DEATH.	(Enter nature of injury in Port I or Port II of item 18.)			
		PLACE OF INJURY (Home, form, 20f (City or lawn) (County) (State)			
	Hour e, m, While Not while	factory, street, office bidg., etc.)			
	21. I certify that I took charge of the remains described a	bave, held an Autopsy , Inspection 158, Inquiry 151, and in my			
	opinion death resulted fram: Natural causes 37, Accider	The state of the s			
	Topinon acam resonce from 19070147 cooses [2], recreati	The solution of the state of th			
	SIGNATURE BOTTER	M D CHIEF MEDICAL EXAMINER []			
	EXAMINER'S B.O. Thomas	ASSISTANT MEDICAL EXAMINER 4/12/59			
	NAME (Type)	DEPUTY MEDICAL EXAMINER			
	720 BURIAL CREMATION, 726 DATE THEREOF PEMOVAL (Specify) 1 /7 1 /7 0 0				
	Buried 4/14/1959 Hillcrest	the state of the s			
23. FUNERAL DISECTOR'S SIGNATURE ADDRESS Brunswick, Maryland 240. REC'D BY REGISTRAR'S SIGNATURE					
	12. hu file	DATEAPR 2 0 '59 Colling & Kous			



04361 **CERTIFICATE OF DEATH** 4373 Reg. Dist. No. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived. If institution, Residence before admission) 5. COUNTY MARYLAND b. CITY OR TOWN III outside corporate limits, write # LENGTH OF STAY IN 15 c. CITY OR TOWN (If pulside corporate limits, write RURAL and give nearest town) RURAL and give nearest lewn) d NAME OF HOSPITAL (If not in hospital, give street address) d STREET ADDRESS e. IS RESIDENCE YES TO NO F NAME OF Middle 4. DATE Lost Month Day Yeor OF (Type of print) 19 5 9. AGE (In years lost birthday) 5 SEX IF UNDER 1 YEAR IF UNDER 24 HRS 6. COLOR OR RACE B. DATE OF BIRTH MARRIED NEVER MARRIED Days WIDOWED PT DIVORCED [100. USUAL OCCUPATION (Give kind of work done 10b, KIND OF BUSINESS OR INDUSTRY 11). ERTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRYS during most of working life, even if retired) Home Virginia U.S.A. West 13 EATHER'S NAME 14 MOTHER'S MAIDEN NAME 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO 17. INFORMANT 18. CAUSE OF DEATH [Enter only one cause per line for (g), (b), and (c)] INTERVAL BETWEEN PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (o) achedeles DUE TO Conditions, if any, which gove rise to immediate DUE TO couse (a), stating the underlying couse lost. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(0) 19. WAS AUTOPSY PERFORMED? YES NO [200. ACCIDENT WAS UNDERLYING ()
OR CONTRIBUTING () CAUSE OF DEATH
(IF EITHER, NOTIFY MEDICAL EXAMINER) DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Port I or Part II of item 18.) 20c. TIME OF INJURY 20e. PLACE OF INJURY (Home, form, 20f, (City or town) Day, Year 20d INJURY OCCURRED (County) (Stote) factory, street, office bldg., etc.) Hour a. m Not while of work of work 21. I certify that I attended the deceased from.__ Quily 12, 1953, to Horil 17, 1959, that I last saw the deceased and that death occurred at 1 P. M. from the causes and on the date stated above. DATE SIGNED ACTUAL SIGNATURE FUNERAL DIRE DR. H.F. KLINE PHYSICIAN'S NAME (Type) 220 BURIAL CREMATION. 22b. DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY 22d LOCATION (City town, or county) (State) REMOVAL (Specify) Park Heights 4-19-59 Brunswick. Maryland 0 23. FUNERAL DIRECTOR'S SIGNATURE **ADDRESS** 240. REC'D BY REGISTRAR 24b. REGISTRAR'S SIGNATURE Brunswick, Maryland Orthur & House DATE APR 21 '59



